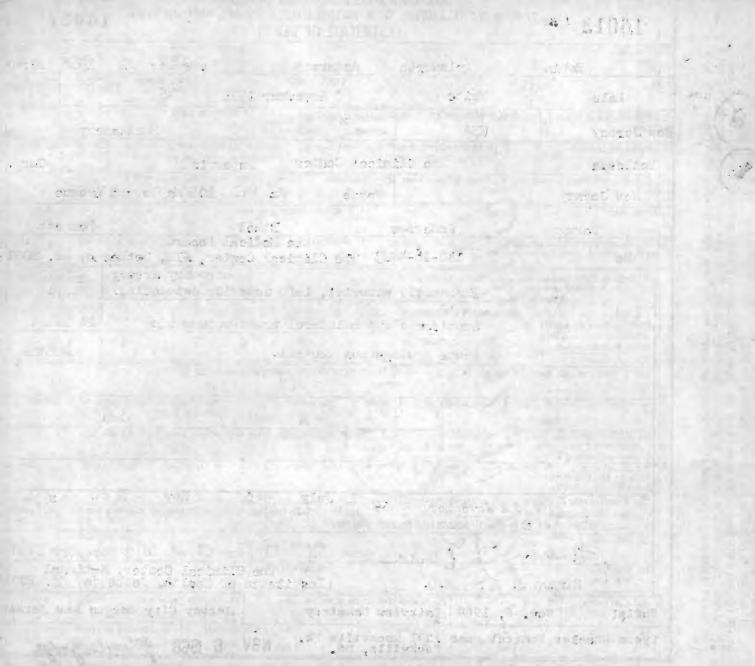
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			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 6 0 2 3	
()			16015 CERTIFICATE OF DEATH	
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		14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
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ate	, and i	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address College Dk M	T
fiffic hys	Val.	9	24-16-5352 Mrs. HnneM. Anzelone 10115 51st Avenue	
e death certificate t	2 2		18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH	_
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	Hed		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor	
この意思を	a d	MEDICAL	GRECONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 19	
PHYSICIAN: he haspital ar this certificate	ept.	Z	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town County Stote	
OR ATTENDING PHYSICIAL be retained by the haspital DIRECTOR: After this certifice	s shauld be delached for use as the with the State Dept. of Health prior to		ot work at work	
ATTENDING etained by th CTOR: After i	State		22a. I certify that (1) (this hospital) attended the deceased from 2100 v , 1968, to 22 nov, 1968, that (1) (we) 1	ast
S S S S	e S	1	saw the deceased alive on 21 22 22 19 GG and that in (my) (our) approach accurred on the date and hour and from the	he
	esta Hi		couses stoted above, (i) (we) (did) (did not) view the body after death.	
A S D	5 5		22D. SIGNATURE ATTENDING MED. STAFF 22c. DATE/SIGNED	
OR De r	က် မြော်		DEGREE PHYS DIRECTOR LI PHYS. LI 1/22/68	
A A I			22d. PHYSICIAN'S 22e. ADDRESS 2	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR.	shauld be filed v	,	NAME (Type) IRA N BRECHER mo 800 Pershing Dr., Silver Spring, Md	
E 4 S		230	BURIAL CREMATION. 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	===
- B C	# 4 V		REMONAL Social 11-25-1968 Gate of Heaven Cemetery Silver Spring, Monta. Mk	1
	7	24. (FONERG DESCOR Carter Slowlands ADDRESS il. Spr. Md 250 RECD BY REGISTRAR 250. REG STRAR S SIGNATURE	lo a
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50/11		ra.	rner E. Pumphrey, Inc. 8434 Ga. Huenne DATE NOV 4 1968 June 1968	



1	MARYLAND STATE DEPARTMENT OF HEALTH
	16015 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
1	DECEASED NAME (Type or Print) 20. DATE KNOWN Month Doy Year 2b HOUR (Type or Print)
	Jean Maried Death Maried 7 13 1908 977
3	SEX 4 POFE S DATE OF BIRTH 6 AGE (in years Funder 1 Year Funder 24 High 2c DATE PRONOUNCED DEAD 2d HOUR 10st birthday Months DAYS HOURS DAYS Months DAYS Mont
L	11 Cecare 1-4-14/3 33 YRS
	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	ROUMANIA C. S. V. WHOWEL DIVOKEL //CONCEJUMENCE
10	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF DOSINESS OR during most of working life, even in etired.) INDUSTRY 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF DOSINESS OR during most of working life, even in etired.) INDUSTRY 120 USUAL OCCUPAT ON (Kind of work done 12b KIND OF DOSINESS OR 12b KIND
	poore reformed 220 STAR SCHOOL OF THE SMAN VIIENS CLOTHING
	odmission) STATE Med 1856 COUNTY Menigen S, S YES NO 3528 Freenley St.
34	FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle Lost
	EMANUEL GOLDSTEIN ROSE
16	O WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no for link nown) (if yes give wor productions of service) ADDRESS ADDRESS
L	(Yes, no for link nown) (if you give wat or datas of service) UNIKNOWN SHIRLEY R. HEMSTRONG SIME HS 13
	18 CAUSE OF DEATH (Enter only one couse per inet or (o), (b) and (c))
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CCICCO CORENARY TRANSPORTED COLORS
	DUE TO, AS AS A CONSEQUENCE OF
	rise to immediate couse (a) (b) warmary Circlery Heart Wesonsa
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	lost
П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
3	64
CAT	196. CONDITION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED?
CEDT C. CAT	YES NO
MEDICAL	CAUSE OF DEATH P.M 19
M	218 COST OF TENER OF TOTAL OF TOTAL STORY STORY STORY STORY STORY
	WHILE NOT WHILE I TOCTORY, affice building, etc.) AT WORK AT WORK
	22a. I certify that taak charge of the remains described above, held an Autapsy Inspection inquiry and in my opinion
	death resulted from: Natural causes Assident , Suicide , Homicide , Undetermined manner
	ACTUAL CHIEF MEDICAL EXAMINER
	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAM NOR DEPUTY MEDICAL EXAM DEPUTY
	NAME (Typ) Q ELDEN , KEDPS M.D. ADEXISTRED SIVE DESCOUNTY) (VOV. 2).
2	30 BURIAL (REMATION 236 DATE 236, NAME OF CEMETERY OF CREMATORY 236 LOCATION (City of Town) (County) (Stote)
3	BUREVAL 11-13-1968 YUAIL MEMINIARE PAPELS CHORECIA VA
1	A FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 250 REGISTRAR'S SIGNATURE DATE NOV 1 8 1968 ACCOUNTS
K	DUDGEEG FEWEERLHOME 4217974 ST.N.W DATENOV 18 1968 filliantes July



, '	16017		CERTIFICATE OF DEA	ATH	100.1
funeral st ond 2 ter death.	OECEASED NAME Fir (Type or print) Fr:	st Middle I.	Ashe	2a. DATE OF OFATH	ov 1988 1°:Р
the age: s af	Nale	4 RACE White	s. DATE OF BIRTH	6. AGE (In years last-bythday) yrs	HOUNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
72 hour	To. BIRTHPLACE (State or foreign country) 1.0h D.C.	U.S.A.	8 MARRIEO NEVER MARRIEO DIVORCED	Montgomery	м
within	O. CITY OR FOWN OF DEATH Grithersburg	give street address ong	draft ?d. di	ta. USUAL OCCUPATION (Kind of work done uring most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY.
1-	dmission) STATE ryland	osed lived, if institution. Residence before	Gaithersburg ^{YES} [13e STREET AND NUMBER 1, 201 Long	draft .d.
-/]	4. FATHER'S NAME First Alougii		15. MOTHER S MAIDEN	Cornelia Fowler	Lost
700	10	e west or dates of service) 216 07 49	30 A hrs. Albe	erta Ashe (wife)	
	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	only one cause per line for (a), (b), and (c) SED BY DIATE CAUSE (a)	neny occl	white the	APPROXIMATE INTERVAL BETWEEN DISET AND GEATH
mation,	Conditions, if any, which governse to immediate cause (a)	DUE TO, OR AS A CONSEQUENCE OF	m hisulles	· ·	H weeks
rial, cre	stating the underlying cause	(c) has	Bule Tim		27/2
	11:1. 1	ONDITIONS CONTRIBUTING TO DEATH BUY N b. CONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS	CONCIDENT IN CENTIFYING
2 3 .	190. OATE OF OPERATION 19		YES 🗀	NO (Enter nature of injury in Part 1 or Part 2	
	ਤੋਂ □ OR CONTRIBUTING □ CAUSE OF DE Cause OF DE Cause OF DE	EATH HOUR A.M. Month Day Year miner) P.M.	9		Caunty State
	While Not while	e. PLACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.			,
	saw the deceased causes stated aba	alive an // 2.2. ve, (I) (we) (did) (did nat) view the	1968, and that in (my) (a bady after death.	, 19 <u>66</u> , ta <u>rr-36</u> , 1 ur) apinian death accurred an the c	
	22b SIGNATURE 7	Brossherf	11112	— MED — STAFE — I	DATE SIGNED
shauld be filed with the State Dept. at	22d. PHYSICIAN'S NAME (Type)	F.J. Broschart		ton St. Guithersh	
水 [REMOYAL (Spenify)	Tec 3, 68 Gate C1		23d toCATION (City or Town) Silver Toring	(County) (State)
	24 FUNERAL CARECTOR Trison healer	Tuneral House och	Rockville Pas.	REC'D BY REGISTRAR 25b. REGISTRAR	

MAKTLAND STATE DEPARTMENT OF HEALTH

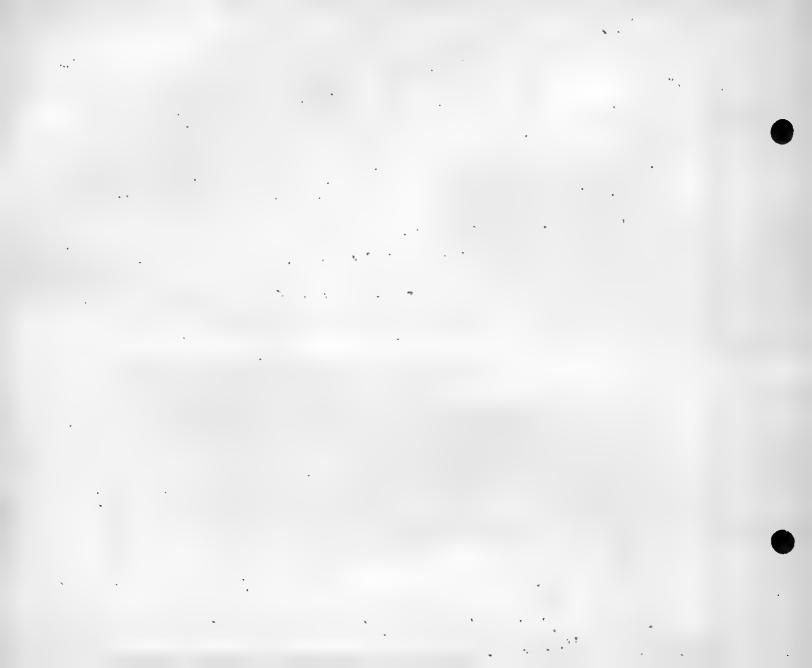


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16018 1603 CERTIFICATE OF DEATH Be by ie DECEASED NAME Middle Last 2a. DATE OF DEATH (Type ar print) Month XX4XXXXXXX Frances 6 AGE (In years within 24 haurs after SEX 4. RASE S. DATE OF BIRTH IF UNDER 1 YEAR MONTHS I CAYS signed by the attending physician and campletely filled in by the burial-transit permit. Then please remove carban papers. Page burial, cremation, ar remaval, and in any event, within 72 hours at 7a. BIRTHP_ACE_(State or foreign 7b. CITIZEN DE WHAT COUNTRY? 9. COUNTY-OF DEATH NEVER MARRIED (quntry) WIDOWED DIVORCED [NAME OF HOSPITAL OR INSTITUTION (If not in hospital TOWN OF DEATH 12g USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR INDUSTRYduring most of working life, even if retired) un Home 13a USUAL RESIDENCE Dehere deceased lived, if institution Residence before 38 INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 14 FATHER'S NAME Eirst Middle Last 15 MOTHER'S MAIDEN NAME First Middle inst unknown unknown requires that the death certificate 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1250gAddressldridge Rd. Yes, np. or unknown) (II yes give wor or dates of service) Mrs. Clarence Moore Silver Spring. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) rise to immediate cause (a). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUT fing to death but not related to the terminal disease orcondition given in part 1(6) FUNERAL DIRECTOR: After this certificate has been be detached for use as the Stote Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) PM 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INSURY OCCURRED City or Town County State While Not while at work 22a. I certify that (1) (this-hospital) attended the deceased fram) saw the deceased alive an 11 and that in (pry) (seet) opinion death accurred an the date and have and from the director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22¢ DATE SIGNED STAFF DEGREE DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22e ADDRES 23a. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) PARMOVAL (Specify) 0 2/2/68 Monte Vista Cemetery Johnson City ADDRESS Ave. 250. RECD. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] 30M REV. 1/68 DATE Inc. Silver Spring. Md Warner E. Pumphrey.



j _	1	MARILAND STATE DEPARTMENT OF REALIN				
		16019 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 0 0 3 3				
·	1	CERTIFICATE OF DEATH				
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rin 24 filled pap pap hin 7	10	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KNO OF BUSINESS OR				
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Poge 4 may be retained by the hospital or oftending physicion. D FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in 24 hours director, page 3 should be detached for use as the buriol-fransit permit. Then please remove carbon papers should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after death		akong Park. Mash. Sant Horb. during mast of working ife even if retired.) INDUSTRY				
Correction and the state of the		USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c (ITY OR TOWN) 13d INSIDE CITY LIM TS? 13e STREET AND WIMBER				
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D O O	14.	FATHER'S MAINTS OF FIRST MIDDLE LOST IS MOTHER'S MAIDEN NAME FIRST MIDDLE LOST				
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and Jan Sond	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT . Address A Address				
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ne deoth certific attending phys permit. Then p	F	IB. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) APPROXIMATE INTERVAL BETWEEN CHIEF AND DEATH				
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deo mili or		IMMEDIATE CAUSE (0) Celuto Cornary Occhisan with 6 /2 hrs.				
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es sicic ed ol-f-		lost. (c) samponard.				
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The Offer offer has has h	CERTIFICATION	YES NO CAUSES OF DEATH?				
Tight and the second of the se	CERT	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, 196m 18.)				
ol ol e		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year				
SIC Partification of a control	MEDICAL	fif either, natify medical examiner) P.M. 19				
DING PHYSICEN: I by the hospitol or After this certificate I be detached for use state Dept. of Healt	**	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No. City or Town County State				
e de fri de e de	ш	of work or work				
ATTENDING etoined by th CTOR: After t should be de		22a. I certify that (I) (this hospital) attended the deceased from 0/6/, 194/, to 1/1/6/, 1968, that (I) (we) last				
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S S S S S S S S S S S S S S S S S S S		couses stated above, (1) (we) (did) (did not) view the body ofter deoth.				
With Spiral Park	«	226-SIGNAFORE ATTENDING MED STAFF 220 DATE SIGNED				
OR be r		House DEGREE PHYS DIRECTOR PHYS. 1/16/68				
AL AL Poc e fille		22d. PHYS CIANS NAME (Type) LL COLOR THOUSE				
TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		Morada 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				
He de la	2 3 a	BURIAL, CREMATION, 23b DATE, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)				
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MARKU AUR CTATE REDARKMENT OF HEALTH



		ND STATE DEPARTMENT		
16020			BALTIMORE, MARYLAND 21201	16034
		CERTIFICATE OF DEA	TH	
1. DECEASED-NAME First (Type or print)		D LLost 1	20 DATE OF DEATH Month Do	2b. HOUR
Jola	rgo noar	Balthotsk	4 Nov Month L Da	1968 SA
3 SEX .	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	AF JNOER 1 YEAR IF UNDER 24 HRS
Fe ale	White	Dec. 31,	1933 34 YRS.	
7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🖾 NEVER MARRIED 🗀	9. COUNTY OF DEATH	
Wash. D. C.	U. S.A.	WIDOWED DIVORCED		N
10. CITY OR TOWN OF DEATH	give street oddress)	L.L.	. USUAL OCCUPATION (Kind of work done ing mast of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY
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admission) STATE Md	sed lived, if institution. Residence before	13c CITY OR TOWN 13d INSC	SE COTY LUMITS? 136. STREET AND NUMBER	Ave He
14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN N	AME First Middle	Lost
Poh	'ratl	ial.	Margaret	lei ett
16a WAS DECEASED EVER IN U.S. AR Yes, ng./gr unknown)	MED FORCES? 16b. SOCIAL SECURITY		Address	Maryland
165, III. O SIKKIOWII)	yes	Martis: Balt	trotsky 1801 Arcola	Hue. AL, Snn.
1B. CAUSE OF DEATH (Enter o	nly one cause per line for (a), (b), and (a			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
PART I DEATH WAS CAUSI	ATE CAUSE (a) Hepati	c Failure		2 weeks
1.14X	DUE TO, OR AS A CONSEQUENCE O		- 75	
Conditions, if any) which gave rise to immediate cause (a),	(0)	carcinoma	of Breast	22 mas
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE O			
DART O OTHER SCANISCANT CO	(c)	OF SULTED TO THE TROUBLE DISTAN	CE OR CONDITION CHEEK IN BART 1/-)	
PART 2. OTHER SIGNIFICANT CO	NUTTIONS CONTRIBUTING TO DEATH BUT	ANT KETATEN IN THE LEKWINAT DISEA:	SE UKCUNDITION GIVEN IN PAKT 1(0)	
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	NG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter noture of injury in Part 1 or Part 2,	Item 18.)
G CAUSE OF DEA	TH HOUR A.M. Manth Day Yea iner) PM	r 19		
≥ 314 INHIDA U\CHBBED 31°	. PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.		D. No City or Town	Caunty State
ot wark at wark				
22o. I certify that (1) (th	nis hospital) attended the decea	sed from April ,	19 <u>67</u> , to <u>Nev</u> 1, 19 Propinion death occurred on the de	068_, that (I) (we) lo
saw the deceased o	e, (I) (we) (did) (did not) view the	ivec, and that in (my) (as hady after death	ryopinion death accurred on the d	ote and hour and from th
22b. SIGNATURED	/ // (**/(**/(***/(****/***************		220	DATE SIGNED
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22d. PHYSICIAN'S NAME (Type)	r rand Gold, 1.D.		ve. & Porent Cle.	21 55 Md
		CEMETERY OR CREMATORY	23d LOCATION (City or Fown)	(County) (County)
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- 7. 7. 1	ndrew Duvall MAR		REC D BY REGISTRAR 2Sb. REGISTRAR:	
inter E. mon	24, 9 12. 243 1 Ga.	DATE	NUV 7 1988 gclu	orles Judge



_ 1	肝丸	Tems 18-22 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1-4	16022 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	.>
HEALTH-DEPT.		. DECEASED-NAME First Middle Lost 20. DATE KNOWNTST Month Dov Year	zb HOUR
京古春		DOUGLASS ASSIGNMENT WATERIAN WAS DOUGLAS DAVIDED DEATH WATER 1/ - 43 11	505部
ny delay is 2, and 3 ta PM3 Page	3 \$	SEX 4 RACE S DATE OF BIRTH 6. AGE (1) years ast birthdor) MONTHS DAYS HOURS MIN Month — Boy 3 Year (9)	2d Hour
43	70	O BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 7 9 COUNTY OF DEATH	77.11
far J. L. G	(01)	outtesh., D. C. USA WIDOWED DIVORCED Vontgomery	Mc
This certificate should be executed within 24 hours after death any cate, writing the ward "pending" in pepartm tem 18. Give Pages 1, 2, be forwarded to the Chief Medical Examiner's Office along with farm Plibe used as a burial-transit permit. File pages-Tand 2 with the State Depart remayal, and in any event within 72 hours after death.		O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind Of during most of working life, even if retired) 12819 New Hampshire Ave SS Hast. Bricklayer Const	BUSINESS OR ruction
s after 18. Give alang 2 with the	. 13o	30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13C CFTY OR TOWN (3d MSIDE CTY JUNITS) 13e STREET AND NUMBER	enchon
re also		odmission) STATE Maryland 13b COUNTY Montgonery Silver SpringES X NO - 711 Tanley Road	
	14. 1	A. FATHER'S NAME First Middle Barden IS MOTHER'S MAIDEN NAME First Middle Claude E McChoo Willie M. K.	irk
him 24 per 11 ninger's pages haurs		16. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Sil. Spr.	Md.
with with 22 h	- 0	(Yes, no. Affunknown) (11 yes give war or dates of service) Yes Mr. Claude E. Barden 711 Janley Road	
should be executed write ward "pending" in personal to the Chief Medical Exalphinal transit permit. File in any event within 72		BETWEEN C	IMATE INTERVAL ONSET AND DEATH
ding ding fleding perm		IMMEDIATE CAUSE (o) Gunshot wound in head accidentally	
pe e lef Mief Mief Mief Mief Mief Mief Mief Mi		Conditions, if ony, which gove) (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Self-inflicted with exsanguination.	
and land		rise to immediate cause (a), Storing the underlying cause DUE 10, OR AS A CONSEQUENCE OF	
sho sho a th burit		lost (c)	
ECAL EXAMINER: This certificate should be executed within 24 execute the certificate, writing the ward "pending" in pending far. Page 4 should be forwarded to the Chief Medical Examiner's of far your files. CTOR: Page 3 should be used as a burial-transit permit. File pages burial, cremation, ar remayal, and in any event within 72 haurs	_	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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	MEDICAL C	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Mooth, Doy, Yeor PRIMARY MOR CONTRIBUTING 5:10 PM 11-23 1968 216 EXTERNAL CAUSE WAS 216 EXTERNAL CAUSE WAS 216 HOUR AM 11-23 1968 217 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 from 18) 217 HOUR AM 218 TIME OF INJURY Mooth, Doy, Yeor Declared Snot sell in head while playing Russian Roulette	1
bicat Examiner: se execute the cert ictor. Page 4 shault ned far your files ECTOR: Page 3 shou i burial, cremation,	ME		Md . Stote
L EXAM ecute th Page 4 ar your R: Page ial, crem		AT WORK L AT WORK LXX	
CAL E exect ar. Pa d far d far TOR:		22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection I, Inquiry I and it death resulted from Natural causes Accident II, Suicide I, Hamicide Undetermined manner	n my apinian
please e director retained L DIRECT		CHIEF MEDICAL EXAMINER	
ry, please eral direction be retain pring ta		SIGNATURE / LEWIN SIGNATURE 22b. DATE SIGNED	1000
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5年201	230	230 BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OF REMATORY 23d LOCATION (City or Town) (County)	(Stote)
VK.	24	DUMBLE 11-20-1900 OLESVILLE EMELETY PORTED PROPERTY PROPE	ınd
VR ATSME (SA)	11-	Marketter Stratter My Andrew Dywall South Spr. NOV 29 1968 Charles &	udge
10M REV 1/68 V	170	arner L. Pumphrey, Inc. 8434 Georgia Hvenue DATE NOV 23 1000 F	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16036 CERTIFICATE OF DEATH DECEASED-NAME Middle First Last 20. DATE OF DEATH 2b. HOUR deoth. (Type or print) Month 40 112ABETH ARRET NOVEMBER requires that the death certificate be executed within 24 hours after 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years E JINDER I YEAR IF UNDER 24 HRS stely filled in by the T on papers. Pages I within 72 hours after lost birthday) MONTHS MOURS Female 70 B RTHPLACE (State or foreign COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [] NEVER MARRIED [(auntry) WIDOWED [DIVORCED WASHINGTON ONTGOMERU 10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TALOR INSTITUTION (If not in hospital 120 USUAL OCCLPATION (Kind of work done 126. KIND OF RUSINESS OR during, most of working life, even if retired.) 13a USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CTY OR TOWN 13d. MSIDE CITY LIAI TS? 13e STREET AND NUMBER COUNTY HZALL ON 14 FATHER S NAME Middle IS MOTHER'S MAIDEN NAME FIRST Middle ond Lost prior to bur.al, cremotion, or removal, and in ARRETT physicion 160 WAS DECEASED EYER IN L. S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address WAS 4. DIL Yas no, ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter on γ one cause per line for (a), (b), and (c) PART ↑ DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions if any, which gave) mmediate cause (a). DUE TO, OR AS A CONSEQUENCE D S GNIFICANT CONDITIONS, CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VE has been director, page 3 should be detached far use as the shauld be filed mith the State Dept. of meolth mrior to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [hospital or TO FUNERAL DIRECTOR: After this certificate 210. ACC DENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M (If either, not'fy medical examiner) (AT HOME FARM STREET, FACTORY.) 215 LOCATION 21e. PLACE OF INJURY Freet or R F D. No. City or Tow County State Not while o be retoined by the at wark ' at wark (1) (his hospital) attended to deceosed from _______, 19______, 19______, 19_____, 19_____, 19_____, 19_____, 19_____, 19_____, and that in my (our) opinian death occurred an the date and hour and from the ye)(did). (id nat) view the bady after death. suses stated above (1) TO HOSPITAL OR PHYS DIRECTOR PHYSICIAN S 22d 22e ADDRESS NAME (Type 23a BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State) MOUNT OCIVET CE GAWLER'S SNSPINICI 25b REGISTRAR S SIGNATURE VR A15 (4) 45M - 1/69 Minules Judge 130 WISO. AVE. N.W., WASH., D.C., DOUG DANIOV 2



	ı	MARTLAND STATE DEPARTMENT OF HEALTH
CO :		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16 () 🐎
•		16023 CERTIFICATE OF DEATH
	1. 0	ECEASED NAME Frist Middle Bost 20 DATE OF DEATH Month Day Year 2b. Hours
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hours after death hours after funeral rs. Page 1 and 3 hours after death		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
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icate by isolate by is	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT HUSband Address
Sic.	1	(es, no or unknown) [1" yes give war ar dates of service) 577-10-5443 Edwin Baruch Same as Item 13.
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bling by th offer to be de State		220. I certify that (I) (this haspital) attended the deceased from /
A de de se		saw the deceased plive on
TE SE		couses stated abave, (1) (we) (did) (did nat) view the body ofter death.
A S C S S S		22b SIGNATURE 22c. DATE SIGNED
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran shauld be filed with the State Dept. af Health priar ta burial, cre.		NAME (Type) MARVIN C. KORENGOLD 2141 / St. NW. WASh DC.
HO HO W	23a	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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VR A15 (4)	24	FUNERA DIRECTOR ADDRESS 250 REGISTRAR'S SIGNATURE
30M REV 1, 68	K	OBERT A. PUMPHREY, Bethesda, Maryland DANOV 20 1968 Victoria Onder
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		16024			T, BALTIMORE, MARYLAND 2120	01 16033
		CERTIFICATE OF DEATH				
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OR ATTENI be retained DIRECTOR: A le 3 shauld ed with the		220. SIGNATURE	char	DEGREE PHYS	MED STAFF	11/25/10
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T B T S S	230	REMOVAL (Specify)	1-34-14 25C NAME OF	11.	23d LOCATION ICITY OF IDWIN	(County) (State)
5-5-04	24	FUNERAL DIRECTOR	ADDRESS	- Mitt Testel	REC'D BY REGISTRAR 2Sb REGIST	BAR'S SIGNATURE
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. 1	MAKTLAND STATE DEPARTMENT OF HEALTH					
	16025 division of vital records, 301 W. Preston street, Baltimore, Maryland 21201 $_{-1603}$					
112	CERTIFICATE OF DEATH					
2 -	1 DECEASED-NAME First Middle Lost 20, DATE OF DEATH 26, HOUR					
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- 5 o	TIME THURSDURKEY SAIVER GATING IT - JOHN NORTH COURT					
	14. FATHER'S NAME First Middle Last IS. MOTHERS MAIDEN NAME First Middle Lost					
1	Adelpho Benedetti					
5 5 5 5	166. SOCIAL SECURITY NO. 17 INFORMANT Address OF Security NO. 17 INFORMANT Address OF Security No. 17 INFORMANT					
THE PERSON Y	No 578-07-7766 5 m v. Benedetti - son -41/2 Howard St.					
2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH					
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08 08 dw dw dw	MAGAMORAN DEGREE PHYS DIRECTOR DIRECTOR PHYS. D					
AN DE	22d Physician's 22e. Address					
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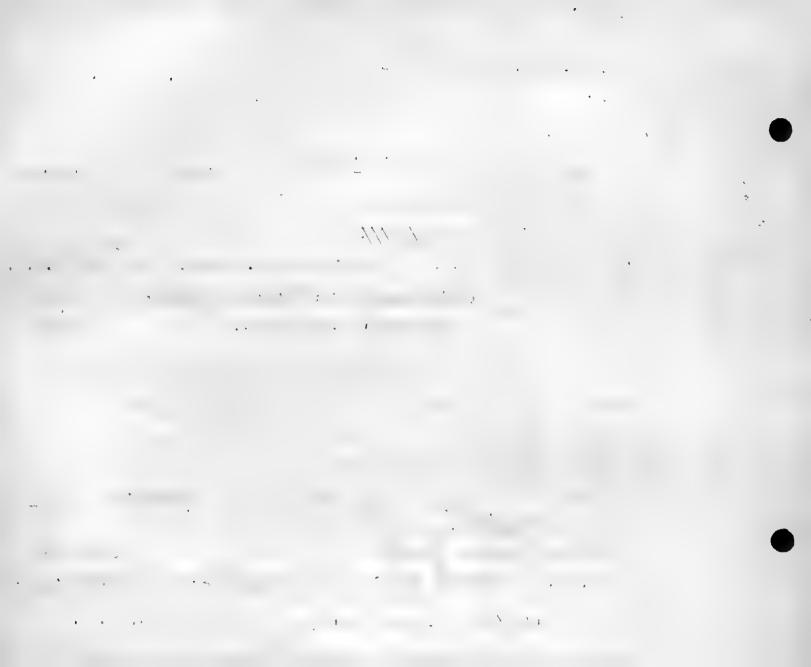
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
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/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1200:
FOR STATE		16022 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	16043
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is of of	(Type or Print) Mary E Boardley DEATH MATED 11	9 1963 74 M
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XAMINER: te the certi ge 4 should your files. 'age 3 shou cremation,	WE	21d. HURY OCCURRED 21e. PLACE OF IN.JRY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town)	County State
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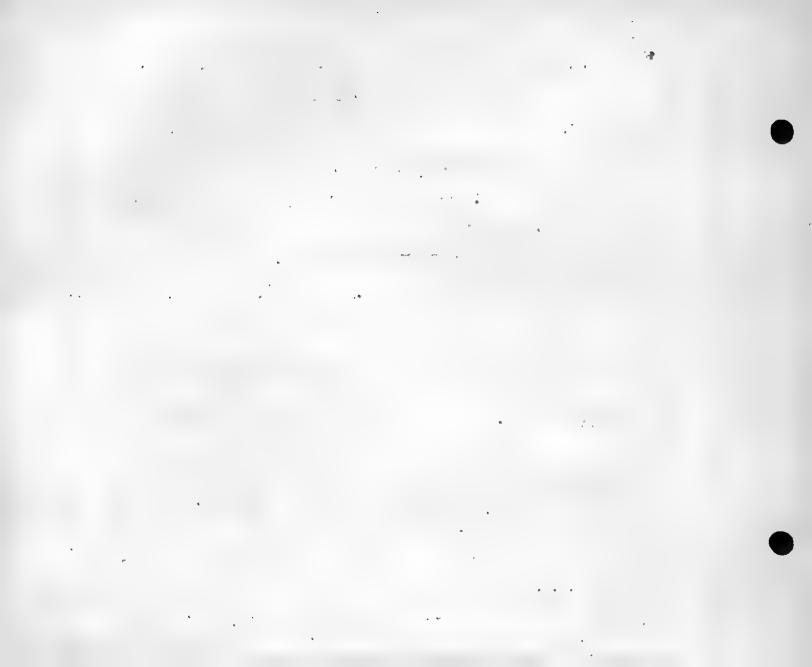
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	13o			13c CTY OR TOWN 13d INSIDE CITY	DOMESTIC LIMITS? 13e STREET AND NUMBER	NONE
f	aam	STATE MD	13b. COUNTY MONKE	BROOKEVILLE YES N	19919 ZION	DOVID
1	14.	FATHER'S NAME First	Middle Last	IS MOTHER'S MAIDEN NAME		Lost
		HENSON	JOHNSO		RIETTA	DORSEY
	160	WAS DECEASED EVER IN U.S. ARME	IED FORCES? 166 SOCIAL SECURITY I		Address	DOUZET
	1	(es, no, or unknown) (f yes give wo	or or dates of service) 212-20-1	552 NIIDS	ING HOME RECORDS	
		IR CAIRS OF DEATH (Fotor poly			1/	APPROXIMATE INTERVA.
		PART I. DEATH WAS CAUSED	y and cause per line for (a), (b), and (c). BY	(ONGESTIVE 9	TEART FAILURE	BETWEEN ONSET AND OFATH
		IMMEDIAT	TE CAUSE (o)		777	1
		Conditions If any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	(BEONARY AL	PTERY SCIEROS	K YRK
		nse to immediate couse (a),	(b) DUE TO, OR AS A CONSEQUENCE OF	10	0	
		stating the underlying cause	(c)	HRTEPIOSCLER	OTIC C.V. D	1 YRS
		- 4 - 1	DITIONS CONTRIB. TING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR		
		CHPONIC	DEPHRITIS	OPGANIC B	PAIN SYNDEO	ME - SENII'E
	CERTIFICATION	07/ / - / -	CONDITION FOR WHICH OPERATION WAS PE		206. IF YES, WERE FINDINGS	
X				YES NO	CALICES OF DEATHS	
	[EE]	21g. ACCIDENT WAS UNDERLYING	G 216 TIME OF INJURY		er nature of injury in Part 1 ar Part 2,	Item 18.)
	3	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
	MEDICAL	(If either, notify medical examine 21d, INJURY OCCURRED 21e F		770RY.) 21f LOCATION Street or R.F.D. No	z. Eity or Town	County State
		While Not while at work of wark	OFFICE BUILDING, ETC.		/	
		22n certify that (1) (this	s hasnital) attended the decease	od from NOVEMBEE191	64 to NOV4 19	68 that (I) (we) last
		_saw the deceased ali	ive on OCT.14	ed from /VOVEMBE 19.0 968, and that in (my)(our) ap	inian death accurred an the d	ate and havr and fram the
		(auses stated above)	(did) (and nat) view the	bady after death.		
		226 SIGNATORA	D// 1	ATTENDING IN	MED. STAFF C	DATE SIGNED
		Donold	ti Jans M	DEGREE PHYS	DIRECTOR PHYS.	lov 5, 68
		22d. PHYSICIAN'S NAME (Type) Donal	d R. Lewis, M.D.	22e. ADDRESS 700 Clo	overly St. Sil. S	pr. Md.
	23o.	BUR AL, CREMATION, 23b D.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	1		-8-68 MT.Z	ion Cemetery	Mr. Zion A	nonta Md.
K	24	FUNERAL DIRECTOR	ADDRESS	1.0	BY REGISTRAR 256 REGISTRAP	S SIGNATURE QUELLE
March .		ROBERT L. SNO	OWDEN ROCKVILLE	MARYLAND DATE N	OV 1 2 1968 gcc	- Karl
	-					





	16038	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH	IIMORE, MARYLAND 21201	16046
	DECEASED-NAME First (Type or print) Juli	1	losi Bourquardez	20. DATE OF DEATH NOV. Month 3 Do	25. HOUR 3:55 AL
١	Female	4 RACE White	5 DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
7o.	BIRTHPLACE (State or foreign untry) (F11, ineis	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH Montgomery	· Md
10.	Olney	11. NAME OF HOSPITAL OR give street oddress) Montgomery	INSTITUTION (If not in hospital 120. USU during m	AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR HNDUSTRY Retired
	D USUAL RESIDENCE (Where deceders trission) STATE Maryland	sed lived, if institution: Residence before 13b COUNTY Nontgomer	re lac city or town 134 NISIDE CITY Silver Spring N	13e STREET AND NUMBER 3 312 Chisw	ick Court
14.	FATHER'S NAME First Alfred 1	Middle Lost P. Bourquardez	IS. MOTHER'S MAIDEN NAME	Nora	Healy
lóc	o WAS DECEASED EVER IN U.S. AR Yes, na, ar upknown) 11 yes give	MED FORCES? war or dates of service) 160 SOCIAL SECURIT	17 INFORMANT 5730 Hospital Reco	Address ords	
	PART I DEATH WAS CAUSE IMMED Conditions, if any which gave use to immediate cause (a), stating the underlying cause last.	(b) DUE TO, OR AS A CONSEQUENCE (c)	of type undetermine		BETWEEN ONST AND DEATH
MILITAR CERT FICATION	190. DATE OF OPERATION 19b 11 C F 210 ACCIDENT WAS UNDERLY! OR CONTR BUTING CAJSE OF DEJ (If either, notify medical exam 21d INJURY OCCURRED While Not while of work	CONDITION FOR WHICH OPERATION WAS Dic PS J NG 21E T.M. OF INJURY TH HOUR AIM. Month Day Ye P.M.	PERFORMED 20a. AUTOPSY? YES NO PARTIES NO P	20b. IF YES, WERE FINDINGS (AUSES OF DEATH?) er noture of injury in Port 1 or Part 2, a. City ar Tawn	Caunty State
	saw the deceased couses stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Dr. 2.	e, (1) (we) (did) (titi and) view the	ne body after death. ATTENDING PHYS 1226 ADDRESS	MED. STAFF 22C. DIRECTOR PHYS D ACY MA	ate and hour and from the
L		1-5-68 WOO	OF CEMETERY OR CREMATORY) DLAY N FIFTER SS SIL WIND 250. RECD	RY PEGISTRAP 25h PEGISTRAP	(Caunty) (State)
	Yrucis Cally	- 500 Universit B	PATE	NUV 6 1868 RC	liarles Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



-	7	1			D STATE DEPARTMENT OF		
			16033		301 W. PRESTON STREET, BALT SERTIFICATE OF DEATH	IMORE, MARYLAND 21201	5041
W)	\ £ . ~£		ECEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
3,	death, death		Type or print) Alton	Parker Br	andenburg	Manth Day	68 Yeor 9:00 AM
2	2 - 5	3.		4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER YEAR IF UNDER 24 HRS.
11	高人 第章		Male	White	July 15.	last birthday)	MONTHS DAYS HOURS MIN.
4	ST SE SE	70.		b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	in in ers.	(01	Maryland	U.S.A			n.i
,	Illed Sappage	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a, USU	Montgomery AL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
-	Hart Hart	3		give street address)	during m	ast of working life, even if retired)	INDUSTRY
9	etuted within campletely fill, ave carban pc y event, withir	130	USUAL RESIDENCE (Where deceased	D.O.A.Montgome lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY I	eman-auto parts	Automobile
- \$	mpl e co	odr	ession) STATE	136. COUNTY		□ 5 Baker A	ve.
- 3	N S S S S	14	Maryland FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME		Lost
્રે	in am						
¥	a Seg E	16	. WAS DECEASED EVER IN U.S. ARMEC	Bromwell Brande	nburb NO. 17, INFORMANT	Minnie	- Watkins -
8	ysic o	1"	Yes, no, or unknown) (If yes give were	or detes of service) 213-28-5			
الم	The law requires that the death certifical attending physician has been signed by the attending physicise as the burial-transit permit. Then pleth priar ta burial, crematian, or remaval, a	-	No.			dical Records Depa	F LINE OF THE PROTECTION OF THE PERSON OF TH
1	th c			ane cause per line for (a), (b), and (c).			BETWEEN OWNET AND DEATH
4	dea rend mit or		. IMMEDIATE	CAUSE (a) TIT OUTOGENIOOT	sm, Massive, Pulmo		Less than 24 h
d	he att		Condition of the condition		Coronary Occlusion	with Large	
- 1	the the mai		Canditions, if any, which gave ise to immediate couse (o),(()	(yocardial Infarct		16 months
2	ta by		stating the undersying couse	DUE TO, OR AS A CONSEQUENCE OF		a Diamon with	10
J	ysia ysia ned naf-		last a		cotic Cardicvascula		10 years?
()	ph sig bur		PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT N	ot related distributional Constitution	CAST TOTAL PROPERTY (43	U Gms)
74	w r Jing een the r ta	₹	Diabetes Mel				
~`{	e fa tend is b as as pria	3	19a DATE OF OPERATION 19b (O	NDITION FOR WHICH OPERATION WAS PE	1		NSIDERED IN CERTIFYING
	at the second	CERTIFICATION	None		YES NO-	3	
8	AN: al ai cate or u			236 TIME OF INJURY HOUR A.M. Month Doy Year		er noture of njury in Port 1 or Port 2, It	em 1B.)
3	A STATE OF THE STA	MEDICAL	(if either, notify medical examiner) P.M. 15			
ુ	TENDING PHYSICIAN: ined by the haspital ar NR: After this certificate buld be detached for u the State Dept. af Heal	38		ACE OF INJURY (AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.	30RY) 21f. LOCATION Street at R.F.D. No	city or Town	County State
4	the det		While Nat while at wark at work				
3	Staffer Staff		22a. I certify that (I) (this	named attended the decease	ed from January , 192 9 <mark>08</mark> , and that in (my) (eyr) ap bady after death.	35 , to November / 19_	68 , that (I) (1974) last
	R. A		saw the deceased ally	(1) the (did) (the and view the	אביי, and that in (my) אפארי) ap hady after death	inian death accurred an the dat	e and haur and tram the
	ATI To ski		22b. SIGNATURE	A TO THE PROPERTY (DID) (SPECIAL (I))	1	22c. D.	ATE SIGNED
	OR O		I Think	- dres La ar	DEGREE PHYS.		ember 8, 1968
	AL (17 b)		22d. PHYSICIAN'S		22e. ADDRESS	1,413	4 -
	mo mo RA I', p		NAME (Type)	ndree Bover M.D.	9701 -Churc	h St. Damascus M	ld. 20750
	UNI UNI Bulc	23	BLRIAL CREMATION. 236 DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	Page 4 may be retained by the haspital ar attending physician To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician Grantor page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages shauld be filed with the State Dept. af Health priar ta burial, crematian, or remayal, and in any event, within 72 hours after		Barrens in The		tgomery Meth.	Clagettsvil	
	VR AISVA	24	CHINEDAL DIDECTOR	STANDARC	2So REC'D	BY REGISTRAR 2Sb REGISTRAR S S	SIGNATURĘ .
	30M REV TOD		Olin L. Mole	sworth, Damascu	s, Md.	V 1 2 1968 gclian	ver Judge
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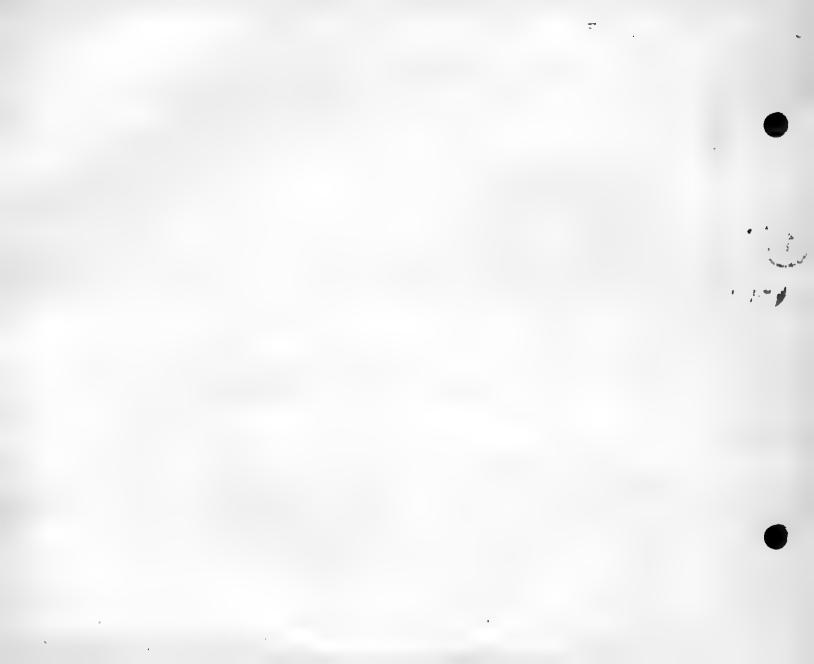
C/m	_			. MARTLAND STATE DEPARTMENT OF HEALTH
C	· 1			16034 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
>				CERTIFICATE OF DEATH 16043
	£ 30 £			FCFASED MASSE Signet NALID.
	death death		(1	ype or print) Edward J. BROSNAN JR Whoth Day Year 23. HOUR
	- 12 - E		3. SE	4 RACE / IS DATE OF RIGHT
	are be executed within 24 hours after clark and completely filled in by the rulesse remove carbon popers. Pages I and in any event, within 72 hours after			MALE White Oct 1, 1914 July YRS. MONTHS DAYS HOLES MAN
	by P		7o. 8	BIRTHPLACE (Slote or foreign 7b. CITEZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH
	n 24 hours a iled in by the popers. Page nin 72 hours a		16	ASH, D.C. UNITED STATES WIDOWED DIVORCED Montamphon
	filed filed thin 72		10 (TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (finet in hospital) 120 USUAL OCCUPATION (Kind of work done 1/26 KIND OF RISCHESS OF
	Acuted within completely fills ove carbon po	1		SIMESOA. JUNIURAND AMMUSTALINE ARC
	ted ppie	15	13å admi	DOUAL KEY DEACH (Where deceased level it institution: Residence before 113; (ITV OR TOWN)
	che be executiving and compense remove	1		Mantgamery Rocky. 118 10 G501 ald Farm have.
	and Tem	*	14. F	ATHER'S NAME First Middle Wost IS. MOTHER'S MAIDEN NAME First Middle Lost
	age of and in din		17 -	EDWARD J. BROSMANSE. MAY HATCHOLL
	physician en please ovol, and		16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (Uyes over was outgolds at service). Address Address
	equires that the death certifical physician. Signed by the ottending physiburial-transit permit. Then plantial, crematian, or removol,		_	15 10,00 # 1/8-38-1040 WIFS HOLD LEESVAN 34/11
	th co			18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) PART 1 DEATH WAS CAUSED BY:
	deal tend mit, or			IMMEDIATE CAUSE (o) Carcinomatosis, generalized weeks
	he of other			DUE TO, OR AS A CONSEQUENCE OF
	t t fish			Conditions, d any, which gave is to immediate cause (a). (b) Primary bronchogenic carcinema, left
	tra by			stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	ysioned prediction			last." (c)
	The law requires that the death certificate attending physician. has been signed by the ottending physiciase as the buriot-transit permit. Then please the purial, crematian, or removal, an		- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	te law re trending as been as the priar to		8	16 2. I 19g. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY2 20b. IE VES. WERE EINDINGS CONSIDERED IN CERTIFYING
	The law attendin has bee se as the		CERTIFICAT	200. If I Lay, Wile I willing Complete in Christing
	ICIAN: The pital ar attrificate ha de far use of Health		EE	YES NO CAUSES OF DEATH? 21 o. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18.)
	IAN tal a ficat far far		¥	OR CONTRIBUTING CLAUSE OF DEATH HOUR A.M. Month Day Year
	Spi Spi Spi Serfi red		<u>a</u>	(If either, notify medical examiner) P M 9 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f 10CATION Street or R.F.D. No. City of Town.
	OR ATTENDING PHYSICIAN: be retained by the hospital ar NIRECTOR: After this certificate e 3 should be detached far used with the State Dept. of Heali		- 1	While Not while OFFICE BU LDMG, ETC.
	a the state of the		- 1	or work — of work —
	ed by the After the State			22a. I certify that (I) (this hospital) attended the deceased from 1966, to 1966, to 1966, that (I) (we) las sow the deceased olive on 1966, and that in (my) (aur) apinian death accurred an the date and haur and from the
	TEN TEN The Child		- 1	couses stoted above, (I) (we) (did) (did not) view the body after deoth.
	ATTE retoine cCTOR shoul with th			22b SIGNATURE & 22c DATE S.GNED 22c DATE S.GNED
Ī	AL OR ATTEND y be retoined L DIRECTOR: A age 3 should filed with the			cuque . Libre DEGREE PHYS DIRECTOR DIRE
	may be RAL DIR			22d PHYS CIANS NAME (Type) EUDENE P. LIBRE 22e ADDRESS Comm. And RENSINGTON
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	Ľ		70400-0111111. 44.
	D HOSP Page 4 1 D FUNE director should		230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stoton)
	5 5 5 °			Burrat 11-29-1968 Gate of Heaven Cemetery Silver Spring, Montgomery Co/
	VR A 5	0.0	24. J	oseph Gawler's Sons. Inc., 5130 Wise. Ave.
	45M 1/3	42	N	oseph Gawler's Sons. Inc., 5130 Wisc. Ave. 250 RECD BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DANOV 29 1968 Clearly Judge





		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 6 0 0
•		CERTIFICATE OF DEATH
€ =2€		CEASED NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR 2b. HOUR 2b. HOUR 2b. HOUR 2b. HOUR 2b. HOUR 2c. DATE OF DEATH Day Year 2b. HOUR
s after death. The funeral Uges I and 2 rs after death.	/,	HildA Kuhl KROWN // MONING 8 68 67AM
fur ter	3. SE	
urs afte y'nhe f pages urs afte	1/	emple CAUCASIAN 6-24-1879 last birthday) YRS MONTHS DAYS HOURS MIN
ours ours	70. E	INTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
e E	COUL	try and the state of the state
24 Page 24		
executed within 24 hours after death. To completely filled in by the funeral emave carbon passe. Pages 1 and 2 any event, within 72 hours after death.	101	give street address) Bethesta - Situation of working life even if retired.) INDUSTRY
rbet wi	12	1809 CVASC DOZINO NURSINO HAME Touse wite
umplet ve car ve car	0 dp=1	USUAL/RESIDENCE (Where deceased lived) if institution: Residence before 13c, MY OR TOWN 13d INSIDE CITY WITH 157 13e. STREET AND NUMBER 755101 STATE 780 COUNTY 13d INSIDE CITY WITH 157 13e. STREET AND NUMBER 755101 STATE 780 COUNTY
carr carr ave	1	105hing 70N Ne. 110e
ate be executed will cian and campletely ease remaye carba and in any event, w	14 E	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
1 1 1 2 9 T		
physician of physician aval, and ii		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 10412 months of service) 18 JULY 11 JULY 12 MONTHS OF SERVICE 19 JULY 12 MONTHS OF SERVICE 10 JULY 12 MONTHS OF SERVICE 11 JULY 12 MONTHS OF SERVICE 12 JULY 12 MONTHS OF SERVICE 13 JULY 12 MONTHS OF SERVICE 14 JULY 12 MONTHS OF SERVICE 15 JULY 12 MONTHS OF SERVICE 16 JULY 12 MONTHS OF SERVICE 17 JULY 12 MONTHS OF SERVICE 18 JULY 12 MONTHS OF SERVICE 19 JULY 12 MONTHS OF SERVICE 10 JULY 12 MON
phys en p	Ľ	es, no, or unknown) (rys give wor or order or service) - MPRY K. BRECHT, CONSERVATOR,
that the death certifiance. by the attending phy transit permit. Then crematian, ar remayal		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer the attending p nsit permit. The matian, ar rema		PART I DEATH WAS CAUSED BY CARCINOMA OF ASCENDING COLUN 9 MONEY
e death attendi permit.		15 5 DUE TO, OR AS A CONSEQUENCE OF
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ta the missing and the missing		rise to immediate cause (o), (b)
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The law requires that the death certificate attending physician. has been signed by the attending physician ise as the burial-transit permit. Then pleas the priar ta burial, crematian, ar remaval, and		
Pho Pho Sign Pho Pho Pho Pho Pho Pho Pho Pho Pho Pho		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law reattending has been se as the the priar ta	8	1 - ARTERIOSCLEROTIC HEART DISEASE WITH CONGESTIVE FAILURE
s brian	3	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ath se at the	CERTIFICATION	YB NO L
IAN: The all ar afficate ha far use far use Health		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
LCC of the state of the state o	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
PHYSICIAN: he hospital ar this certificate etached far i Dept. af Hea		21d N. JRY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State
C = 0		773110 16 17 17 17 17 17 17 17 17 17 17 17 17 17
TENDING lined by th OR: After i auld be d		220 certify that (i) (this besetal) attended the deceased from
NDI NDI NDI NDI NDI NDI NDI NDI NDI NDI	1	saw the deceased alive an Nov 3 1948, and that in (my) (our) opinion death accurred an the date and hour and from the
ATTENCE etained CTOR: A Shauld rith the		
OR ATTENI De retained DIRECTOR: A Shauld ed with the		22b SIGNATURED ATTENDING MED STAFF 22c DATE SIGNED
DIRI ed y		J. Jappenston M. J. DEGREE PHYS DIRECTOR - PHYS - NOU 8, 1968
PITAL OR may be may be DIR Cr. page 3 be filed		22d. PHYS CIANS 22e. ADDRESS 22e. ADDRESS
SPII 4 m d b d b		NAME (Type) T. S. SAPPINGTON 2233 WISCONSIN AVE, NW. DC
10 HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the	230	BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0 0 p		BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Removal—Burial 11—9—1968 Smithfifld Cometery Pittsburg, Penna.
VR A15 [4]	24	FJÁFRAL DIRECTOR 250. REC'D BY REGISTRAR 255 REGISTRAR S SIGNATURE
30M REV, 1768		Jos gawlers Sons Wash D. C. DATE NOV 12 1968 Charles Judge
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4		16038		CERTIFICATE OF		MARIENIO 21201	16052
er death. funeral 1 ond 2 er deoth.		PECEASED NAME First Type or print) Ge	orge E.	BRYANT		TE OF DEATH vember Do	Y 20 Year 68 200P M
24 hours after death. 24 hours after death. 72 bors after death.	3. 5	Male	4. RACE Caucasian	S. DATE OF B		6. AGE (In years last birthday) 76 YRS.	IE UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 hour	7a.	BIRTHPLACE (State or foreign intry) Missouri	75 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED X NEVER MAI	KILDE	y of DEATH ntgomery	
.s X= 3		GTY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ST TUTION (If not in haspital ital	12a USUAL OCCUPA	ITION (Kind of work done king life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
completely fine by event, when	13a adn	JSUAL RESIDENCE (Where decem- nission) STATE District	sed lyed it institution Residence before to SF (CV) Lumbia 200	Right Intly contributed		Navy Se STREET AND NUMBER 5100 Byers	St. S. E.
ond g		FATHER'S NAME First Milton	Middle Lost Bryant		AIDEN NAME First	Middle	Lost
cate sicion blease and i	160	. WAS DECEASED EVER IN ILS ARE	MED FORCES? 166 SOCIAL SECURITY	NO. 17. INFORMANTWE	Frances ashington,	D. C. Address	Martin
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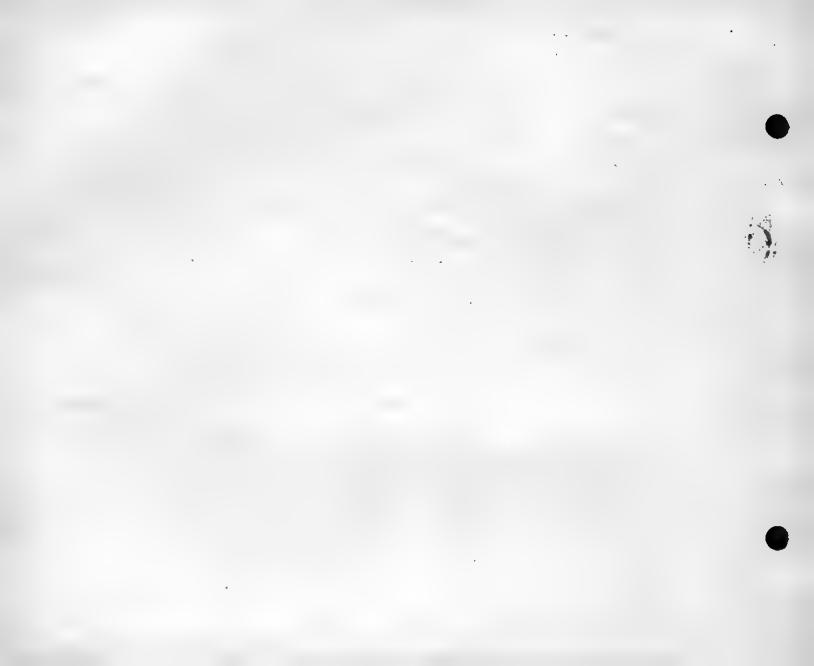


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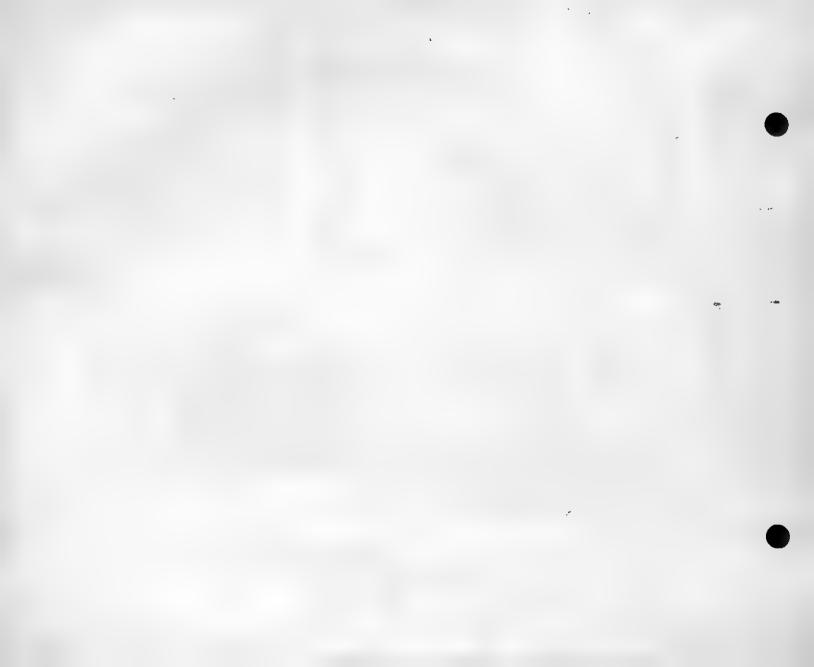
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O HOSPITAL Page 4 moy O FUNERAL director, pog should be file	23o	BUR AL, CREMATION, 230 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C ty or Town) (County) (State)
5 5 5 2 3	04	BURIAL 11/18/68 CEDAR HILL CEMETERY SUITLAND MD.
VR A15 (4)	124.	FUNERAL DIRECTOR ADDRESS LAUREZ MD 250. RECT BY REGISTRAR 256. RECEIPTOR'S SIGNATURE Y LAUREL FUNERAL HOME 550 WASH. BLVD. DATE NOV 19 1968
		TOTAL TOTAL TOTAL OF TAILOR TO THE HOUSE



MARYLAND STATE DEPARTMENT OF HEALTH 18053 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Keor 68 First M ddle Lost 20 DATE KNOWN Month (Type or Print) Dorian Cantwell ESTI-Patricia Page DEATH MATED 6 AGE in yours IF UNDER 24 MRS #F LINDER YEAR 3 SFX 4 RACE S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d HOUR guq 9/30/50 E Dov female canc. Departr 19 681 YRS 70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9 COUNTY OF DEATH country) MONTGOM 21.5.1 WIDOWED F DIVORCED [Grya-Pages 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a LSUAL OCCUPATION (Kind of work done after death 12b KIND OF BUSINESS OR during most of working ife even if retired) NOLSTRY Silver SPring 130 LSUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c City OR TOWN death. 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER g Ž adm-ssion) STATE 13b COUNTY YES 🔀 NO 🗌 after and 14. FATHER'S NAME Middle 15. MOTHER S MAIDEN NAME in pencil in hauril shauld be forwarded to the Chief Medical Examiner's 17 INFORMANT (Yes, no, or unknown) [If yes give war or detes of service] E within APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-"pending" S'sudolen IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF nauma - from Auto Accident. burial-transit Conditions, if ony, which gove rise to immediate couse (a), This certificate shauld the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a) 8 remayal, used 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT WAS PERFORMED? NO DO YES | be 210 EXTERNAL CAUSE WAS b 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 21b TIME OF INJURY Month, Day Year 3 shauld PR MARY OR CONTRIBUTING CAUSE OF DEATH MEDICAL I ssenger in Car went out (Coutre Turned over _ 21d INJURY OCCURRED 2)e PLACE Of INJURY (At home, form, street, City or Town County Stote factory, office building, etc.) WHILE NOT WHILE AT WORK AT WORK Ceturin como. A No + George igh was burial, 22a I certify that I took charge of the remains described above, held on Autopsy FUNERAL DIRECTOR: Inspection K Inquiry 🔀 and in my opinion death resulted from Natural causes Accident [] Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUT Nov. 30, 1968 DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may FO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 230. 23b. DATE (State) REMOVAL (Specify), Washing \$ 350 RECD BY REGISTRAR FUNERAL DIRECTOR 2Sb/ REGISTRAR'S SIGNATUR VR A15ME (5) 10M REV 1/68





1		MAK	TLAND STATE DEPARTMENT OF	r HEALTH	
		DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	160 0
		16046	CERTIFICATE OF DEAT		. 0 17
-	1 DE	CEASED NAME First Middl		2g. DATE OF DEATH	2b. HOUR
	[]	ype or print) KNXX N 11*	0 11 1	Month 4 / Day	2 Yeor 10 635 8 11
ı	3. SE.	X 4 RACE	S. DATE OF BIRTH	/You,	IF UNDER 1 YEAR IF UNDER 24 HRS.
١	J. JL.	C	S. DATE OF BIKIN		ONTHS DAYS HOURS MIN
l		remale while	1/10/92	76 YRS	
١	7o. B coun	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		7/1/2015 US. 7.	WIDOWED DIVORCED	MONTGOMERY CO	O, Md.
ı	10 (TY OR TOWN OF DEATH 11 NAME OF HOSPITA give street address)	E OR INSTITUTION (If not in hospital 12a L	USUAL OCCUPATION (Kidd of work done	12b KIND OF BUSINESS OR
ı		SIVER SIDRING GIVE SHEET ODDIESS!	Holy Capes Hosa, Jamin	g most of working life, even if retired)	INDUSTRY
ı	13a	USUAL RESIDENCE (Where deceased lived, if institution. Residence	before 13c CITY OR TOWN 3d INSIDE C	CHY JIMIS? 13e STREET AND NUMBER	
1	aami	SSION) STATE MA 136 COUNTY NAME OF THE COUNTY	CRY Silver JORING YES	NO 133 Sline 1	ve Ant 305
ı	14. F	ATHER'S NAME First Middle	Last IS. MOTHER'S MAIDEN NAM	ME First Middle	Lost
ı		0,000	2 2 2 2	AG	Jack of
ı	160.	WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SE	CURITY NO 17. INFORMANT	Address	711
ı	У	es, no, ar unknawn) (It yes give wer or dates of service) 3 . 3 - 1 (7-5355 Man Dea Ra	e ren 733 Stipp due	, o, "]", "I.
				C. ez 11 Statio (11)	APPROXIMATE INTERVAL
1		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b). PART I. DEATH WAS CAUSED BY:	and (E).)		BETWEEN ONSET AND DEATH
1		IMMEDIATE CAUSE (a)	imming them	<u> </u>	3 days
		Conditions, if ony, which gave)	ICE OF	- 1	Cana
		rise to Immediate couse (a), (b).	mgislive hear	Teller	2 dig 5-
		stature the underlying cause? DUE TO, OR AS A CONSEQUE		e D.	
1			7	ies of ulamon emphysims	9N-
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
ı	*	4 x U U			
I	E E	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION		20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
l	CERTIFICATION		YES NO	CAUSES OF DEATH?	
		210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	21c. HOW INJURY OCCURRED (I	Enter nature of injury in Part 1 ar Port 2, Iter	m 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M.	Year 19		
ĺ	MEL	21d. INJURY OCCURRED 2 te. PLACE OF INJURY (AT HOME, FARM. S	TREET, FACTORY.) 21f. LOCATION Street or R.F.D.	, No. City ar Town	County State
		at work U			
		220. I certify that (1) (this hospital) attended the deceased olive on course-stated above (1) (we) (did not) vie	ereased from	9 6 to how 2 10 6	that (III (wa) last
		sow the deceased olive on	ond that in (ATV) (our)	opinion deoth occurred on the date	ond hour ond from the
		couses stated above (1) (we) (did) (did not) vie	w the body ofter death.	,	
		22b. SIGNATURE	. A STEELING		TE SIGNED
		Omes Coleman A	DEGREE PHYS.	MED STAFF DIRECTOR DIPHYS. D	V. 3. 1968
1		22d. PHYSIC AN 9	22e ADDRESS	SILVE	OR SPRING.
		NAMELLYGO JAMES K-COLEMAN	HO 9241 C	COLUMBIA BLUD M	1AKYLAND
	23a.		AME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
		RAMOVALISBERTY) 1/=5-106"	to National Co.	3t. M. a. 1)	100
	24	FUNERAL DIRECTOR M. Andrew Durall 200	Operation And 250. REC	D BY REGISTRAR 256 REGISTRAR'S SIG	
		- 1e [n. phi n n n 0.12.1]	TO THE BOTTON	0V 7 1968 Action	les Judge



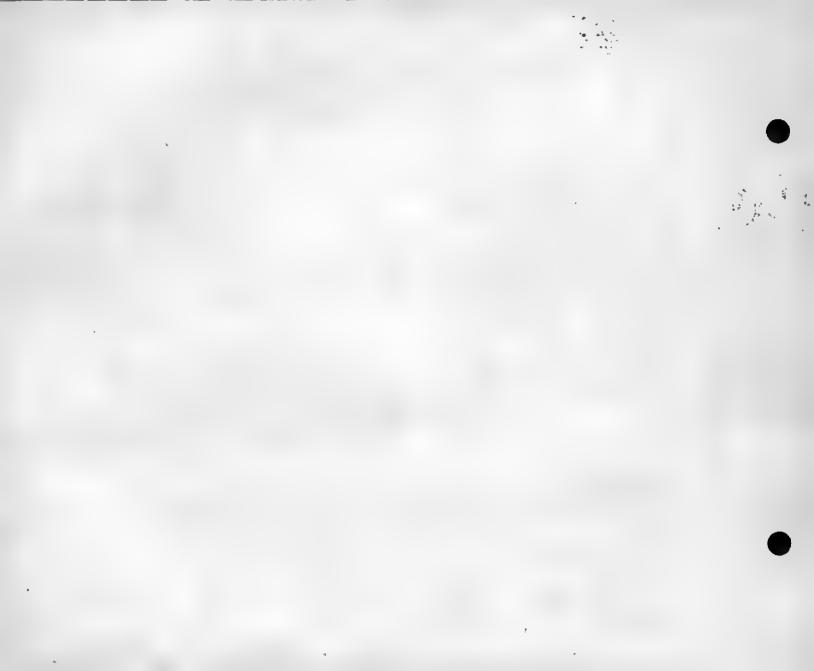
		MARYLAND STATE DEPARTMENT OF HEALTH
1		16047 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 0 0 0 1
-		CERTIFICATE OF DEATH
W	1 0	
de d		ECEASED NAME First Middle Cost 20 DATE OF DEATH 20 DAY Year 20 HOUR
G MEDE	3 5	X A RACE S DATE OF BIRTH. A &GG (In venes) IF WIDER I YEAR IF LINDER 24 HES.
off the sages safte	3 2	S DATE OF BIRTH 6 AGE (In years IF WIDER I YEAR IF LINDER 24 HPS lost birthday) MONTHS DAYS HOLES MIN
y the Poges	7	amake fillete fillette 46 YRS
hour hour 2 hau		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d ii d		WITCH WIDOWED DIVORCED MONTGOTHERE MA
within 24 hours ely filled in by to ban papers Pay, within 72 haurs	10 (TTY OR JOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in nospital 120 USUAL OCCUPATION (Kipe of work done 126 MIND OF BUSINESS OR
with with with		30 the 30 2 give street address) Subselve and during mass of warking life even of part Homa
mpletely e carban	13a	USUAL RESIDENCE (Where deceased lived, function, Residence before 13c CITY OR TOWN 13d MISTE CITY UMITS) 13e STREET AND NUMBER
E & S	aam	ission) STATE TILL ISINGTHUMBERY INGOTOTOSTO NO 12120- Judgm Kol
ond com	14	FATHER'S NAME / First Middle / Lost
# E		Homer Medain Ollie, Strickland
rian	160	WAS DECEASED EYER IN U.S. ARMED FORCES? 116b SOCIAL SECURITY NO. 1/2 INFORMANY
physician en please aval, and i		(es, na, of taknown) [If yes give your orderes of service) 417-14-149711/attmat.
certi ph nav	F	ID CALLES OF DEATH (Color only one of the Color of the Co
re death cei attending p permit. The		PART I DEATH WAS CAUSED BY
deo deo tent		immediate cause (a) which are of the many the
per idn		DUE TO, OR AS A CONSEQUENCE OF
the site		rise to immediate couse (a), {b}
by the cree		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ssici ial-i		lost (c)
AN: The law requires that the death certificate be executed within 24 hours after all ar attending physician. It is been signed by the attending physician and cempletely filled in by the far use as the burial-transit permit. Then please remave carban papers Pages Health priar to burial, cremation, ar remaval, and in any event, within 72 hours after		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(0)
ing en ta	2	
e law re tending is been as the priar ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WH.CH OPERATION WAS PERFORMED 20o AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
: The irr after the has a larger than a larg	IIFK	YES NO CAUSES OF DEATH?
ar a		216 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
音音音	IA]	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M.
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PH this this erta Del		While Not while at work OFFICE BUILDING, ETC
ATTENDING PHYSICIAL etained by the haspital CTOR: After this certifice shauld be detached fairth the State Dept. af He		27g. certify that (1) (this haspital) attended the deceased from 11100 K = 1968 to 11/6 1 1968 that (1) (such last
d b African		22a. I certify that (I) (this haspital) attended the deceased from June 1968, to No. 1, 1968, that (I) (we) last saw the deceased alive an Add Control of the deceased from the deceased alive and the deceased from the deceased alive and the deceased from the deceas
B a S at		causes stated abave, (1) (we) (did) (did nat) view the bady after death.
OR ATTENI be retained JIRECTOR: A e 3 shauld		220 SIGNATURE ATTENDING MED STAFF 220 DATE SIGNED
OR be re 3	qu.	DEGREE PHYS DIRECTOR
TAI Ogy		22d PHYSICIANS 22e. ADDRESS
Page 4 may be retained by the haspital ar attending FO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be tiled with the State Dept. af Health priar ta		NAME (TYPE) WALTER E, GOOZH WHEATON, MARYLAND
Page / Pa	23a	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY / 23d LOCATION (City or Town) (County) (Stote)
22 2 5		BURIAL Nov. 27/968 Parklawn Cemetery Rockville Maryland
VR ALL	24.	FUNERAL DIRECTOR 250 REC D'BY REGISTRAR 250 REC D'BY R
45M - 109	1	W.W. Chambers Co. Silver Spring MyDATE NOV 29 1988 goliarley Judge.



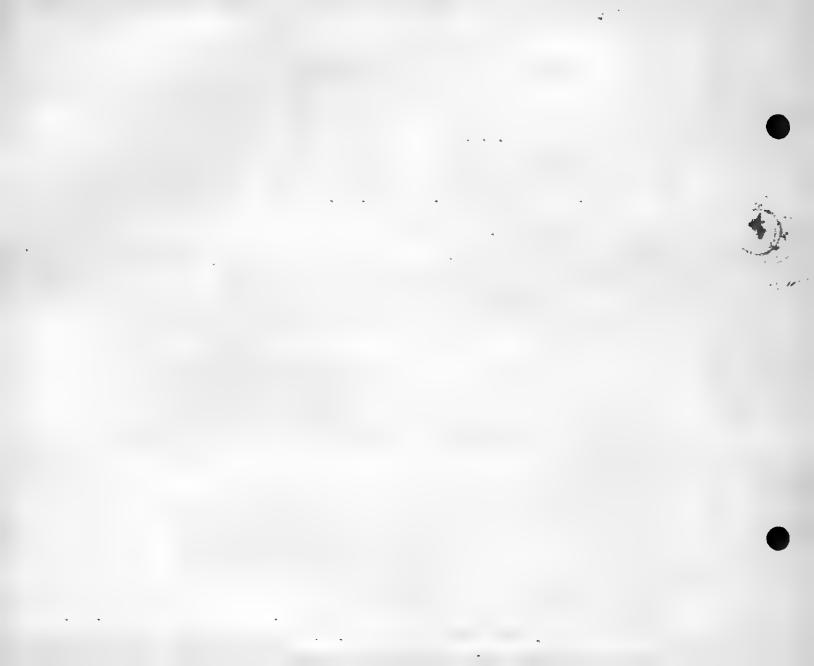
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		CEASED-NAME Fire		Middle	Last		2a. DATE OF DEATH	D	2b. HOUR
ine Burera	(1)	(pe or print) Farm:	ie Etch	ison C	hrobot			28 1968	10:40M
- a	3. SE)	K	4 RACE		S. DATE	OF BIRTH	6 AGE (in years last birthday)	IF UNDER L YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	E	र	Whit		Aug	3.3, 1886	82	rRS.	NOUK3 MIN
		IRTHPLACE (State or Fareign	76. CITIZEN OF WHAT C	OUNTRY?	MARRIED NEVER		COUNTY OF DEATH		
	เดษก	Md.	USA		- Alabai	DIVORCED 🔲	Montgomery		Md
	10 €	ITY OR TOWN OF DEATH	11. NAME (OF HOSPITAL OR INSTI	TUTION (If not in hasp		OCCUPATION (Kind of work do		BUSINESS OR
		Germantown	give siteer	address) 1. Home o	f Rest		st af working life, even if retire • Wife		Home
2	13a I	USUAL RESIDENCE (Where dece	osed lived, if institution:	Residence before		13d, INSIDE CITY 1 M		2	
	201113	ssion) STATE Maryland	13b. COUNTY	gomery	Etchison	YES NO	2000// 4		
	14. F/	ATHERS NAME First	Middle	Last	15. MOTHER	RS MAIDEN NAME FIT		e	Last
L		Marcellus	- Etchia			Fannie K			
	16a. Yı	WAS DECEASED EVER IN U.S. A	wor or dates of serverit	SOCIAL SECURITY NO		-	Addres	is .	
- [es, no, ar unknown) (It yes giv		Inknown	10.5	EXPERIMENT PO	ome Records	1986	MATE INTERVAL
		18. CAUSE OF DEATH (Enter	only one cause per line fo	r (a), (b), and (c))	1001	3 2/	· . 4 4		ESET AND DEATH
		PART I. DEATH WAS CAU	DIATE CAUSE (a)	men	1 left tole	est general	gilmitastase	2 3/18	-ARS
/^		174X	DUE TO, OR AS A		10 -	1/ 10	1 1		-
		Conditions, if any, which gav rise to immediate couse (a)	(3)	erios	likethe	Carollo	vooculus Ma	402 1016	-A125
		stating the underlying cous	DUE TO, OR AS A	CONSEQUENCE OF				- '	
		last.	(c)						
		PART 2 OTHER SIGNIFICANT O	ONDITIONS CONTRIBUTING	TO DEATH BOT NOT	RELATED TO THE TER	MINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(0)		
	NO.	19g, DATE OF OPERATION 19	b. CONDITION FOR WHICH C	DEDATION WAS DEDS	OPMED 200	AUTOPSY?	20b. IF YES, WERE FINDIN	IGS CONSIDERED IN CE	PTIEVING
X	3	179. DATE OF OPERATION 17	B. CONDITION FOR WHICH C	PERATION WAS FERI		S NO N	CAUSES OF DEATH?	103 CONSIDERED BY CE	KIII IIIIQ
,	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING (215 TIME OF IN)	IPV			nature of injury in Part 1 or Par	rt 2. Item 181	
		TO OR CONTRIBUTING COLCAUSE OF D	ATH HOUR A.M. M	anth Day Year	216. 11011 1113016	Accounts fring)	notors of injury in roll 1 of 1 of	, 110111 10.]	
	MEDICAL	(If either, not fy medical example 21d. INJURY OCCURRED 2	niner) P.M.	OME FARM, STREET, FACTO	RYA 215 IDEATION	Street or PED No.	City or Town	County	State
		at work at work	e. PLACE OF INJURY (AT I		1 .			,	
		22a I certify that (I) (utend	ed the deceased	fram /O/	196	nian death accurred an th	19_62, that	(I) (We) last
_		saw the deceased	alive an/ (did) (did	7 to 19	and that it	n (my) (olar) apin	nian death accurred an the	e date and haut o	and tram the
		22b. SIGNATURE	As' (1) (Maldam) (and	nai) view ine bi	day uner deam.			22c DATE SIENED	
ı		220. STORAGE	William	- mill	DEGREE PHY	FENDING ME	ED STAFF RECTOR PHYS.	11/30	168
, [22d PHYSICIAN'S	4 1-3/1	5 / / rc		ADDRESS	KECTOR C PHYS. C		[1]0
1	,		es P. Kerr		120		ascus, Md.		
	23a.		DATE		METERY OR CREMATO		23d LOCATION (City or Town)	(County)	(State)
			ac. 2, 1968		nited Met		Claggetssvi		. Md.
1		FUNERAL DIRECTOR		ADDRESS		2So REC'D BY		RAR'S SIGNATURE	
Ike I	1 1	Francis H. Bar	cher Laurte	mentila	Md.	L.OEC:	3 1968 VCA		

MARYLAND STATE DEPARTMENT OF HEALTH

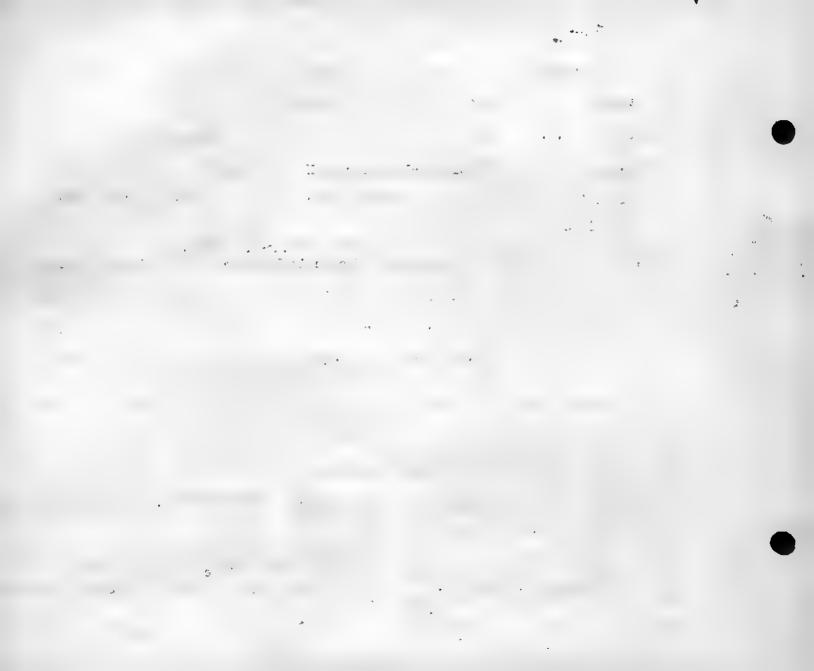




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		20000	CERTIFICATE OF DEATH	
=	1 D	ECEASED NAME First Dames Middle	Lost 20. DATE OF DEATH	2b. HOUR
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	3. S	EX 14 RACE	S. DATE OF BIRTH 6. AGE (In years 19	FUNDER YEAR IF UNDER 24 HRS.
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and cam			TO COLORDO TO	поепие
and and and	14.	FATHER'S NAME First Middle Lost	15. MOTHER'S MAIDEN NAME First Middle	Lost
G S S		paymond G. Clin		Moore
sicion please	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY 16c SOCIAL SECURITY	NO 17. INFORMANT Address A	ver Spring.
10 - 11 - 10 - 10 - 10 - 10 - 10 - 10 -	, i	(es, ngy or unknown) (if yes give war as dates of service) Ues	Mrs. Ruth Clinite 809 Richmond A	venue Md.
ATENDING PHYSICIAN: The faw requires that the death certificate by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physholid be detached for use as the burial-transit permit. Then sinh the State Dept. of Health prior to burial, crematian, ar removal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)		APPROXIMATE INTERVA.
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has has	×	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, F)	ACTORY, 21f. LOCATION Street or R.F.D. No. City or Town	County State
G PHYSIC the haspit this certi detached e Dept. af		While Not while at work of work		
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ATTEN ATTEN etaine CTOR: should		capses stated abave, (1) (we) (did) (did not) view the	bady after death.	
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Die r		mus Coleman Ml	DEGREE PHYS MED STAFF IN NOV	1.11, 1968
L D Sage		22d/ PHYS CIAN S		R SPRING
Z m Z d a /				MARYLAND
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should	230			
 	X30	BMAN Secrety 11-13-1968 George		(County) (State) r.Geo. Md.
5-5-1	24			
VR A15 (4) 2 30M REV. 1768	14		O'CC-O'D'Col IWa	
30M KEV. 1/88	10	Farner E. Pumphrey, Inc. 8434 Geo	orgia Avenue DATNOV 14 1968 gClark	es made



MAKTLAND STATE DEPARTMENT OF HEALTH



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filled pope thin 73	10 C	TY OR TOWN OF DEATH	United Stat	PITAL OR INSTITUTION (If n		AL OCCUPATION (Kind of w	ork done 125 KIND OF BUSINESS OR
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SICE Spirite S	MEDICAL	(If either, notify medical examin	er) P.M.	19			
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DING 1 by t After 1 be c 5 state		22a. I certify that (1) (the	s haspital) attended th	e_deceosed from	, 19	67, to Not 1	2, 19.67, that (1) (we) to
END Fed A A Brown Free Free Free Free Free Free Free Fre		sow the deceased all	(1) (we) (md) (did not)	viaw the body ofter	d that in (my) (our) op	inion deoth occurred o	in the date ond hour and from th
formed TOR: Should the the		22b SIGNATURE / / /	(U) (May) (U) (did iioi)	VIEW THE DOLY OTTET	ucum.	/	22c. DATE SIGNED
OR A SECOND SECO		11/1/1/	+ Mush	7/11/00	REE PHYS.	MED STAFF DIRECTOR PHYS. (November 17. 196
A L C		22d. PHYSICIAN'S		CCC VD · ex	22e. ADDRESS	1113	LIGHTON AND AND AND
PIT, por, por, por, por, por, por, por, por		NAME (Type) Mortor	W. Shapiro,	M. D.	8107 Ea	stern Ave.,	Silver Spring, Md.
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5 5 5 5 W		REMOVAL (Specify)	19/68	MT.LEBANO	N CEM.	7 / 11 / 11	LE , P.G., MD.
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ot the death a the attending ssit permut. The matian, or rem		18. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAUMMED IMME) Cand tians, if any, which gave rise to immed ote cause (o stoting the underlying caus last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A (b) DUE TO OR AS A (c) ONDITIONS CONTRIBUTING	CONSEQUENCE OF TO DEATH BUT NO	T RELATED TO THE TERMIN	(EREBRO)		APPEDIMATE IN GETWEEN ONSET AN	TERVAL ID DEATH
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OR DIRE		22d. PHYSICIAN'S RICH	hard H	POLLE D	DEGREE PHYS 22e. AD	DRESS D.RECTO	OR PHYS	2c. DATE SIGNED 11 (27 /60	<u></u>
FO HOSPITAL Poge 4 may TO FUNERAL I director, pog should be fil	230	BURIAL CREMATION: 23E	DATE 2-2-68		MP 1046 EMETERY OR CREMATORY Ston Natio	DO CONNECT	OCATION (Cry or Town)	(County) (St	ote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 6 (1) 6 1 16055 CERTIFICATE OF DEATH DECEASED-NAME Pages 1 and 2 towrs after death. 20 DATE OF DEATH (Type or print) CLAIRE xecuted within 24 hours after death 5 DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR last birthday) MONTHS | 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED " MARRIED paper 1 WIDOWED DIVORCED [filled 11. NAME OF HOSPITAL OR INSTITUT ON (If not in hospital give street address) A Laticative (Cittal during most at warking life, even if retired) 126 KIND OF BUSINESS OR INDUSTRY 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c CITY OR TOWN 13e. STREET AND NUMBER THE INSIDE CITY LIM TS? 185 COUNTY burial, crematian, or removal, and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Ellen 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (If yes give wor or dates of service) Yes, na, ar unknawn) requires that the death certif 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I DEATH WAS CAUSED BY. EREBROVASCULAR signed by the attendi burial-transit permit. IMMEDIATE CAUSE (o) ARTERIOSCLEROTE VASCULAR DISEASE Canditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FRACTURE LEFT ISCHOPUBE RING O FUNERAL DIRECTOR: After this certificate has been for use as the prior ta 19a DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? YES 🔲 NO A director, page 3 should be detached for use should be filed with the State Dept. af Health 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, SARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town State County While Not while Mel 1400 220. I certify that (I) (this hospital) attended the deceased from... __19 68, and that in (rhy) (aur) opinion death accurred on the date and hour and from the saw the deceased alive an.... causes stated above, (I) (we) (did) (did not) view the body after death. Q 22b. SIGNATURE 22c DATE SIGNED MED.
DIRECTOR DEGREE 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230. BURIAL, CREMATION, 23b. DATE BHOWAL (Spacify) 11-12-1968 Rock Creek Cemetery Washington. D.C. 250 REC'D BY REGISTRAR DATE NOV 1 2 15 24. Just ph Gawler's Sons, Inc., ADDAYSO Wisc. Ave. N.W., Wash., D.C., 20016 25b. REGISTRAR S SIGNATURE VR A15 (4) 30M REV, 1/68



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TE OF DEATH	Reg. Dist. No.
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CAT	T500												NO T
L CERTIFICATION	OR CONTRIBUTING	ACCIDENT WAS UNDERLYING (1) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) ONTRIBUTING (1) CAUSE OF DEATH HER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Haur a. jr. p. m.	Y Month, Day, Ye	While	JURY OCCURRE Not while at work	_ fa	ACE OF INJURY (Han clary, street, affice blo	ne, farm, dg., etc.)	20f. (City	ar town)		(Caunty)		(State)
		at attended the	decease		June	15. 19.67.1	la	ner 1	9 , 1968	,that I	last se	aw the	decease

that death accurred at #1/2 L.M. from the causes and an the date stated above. ACTUAL SIGNATUR JOS EPH PHYSICIAN'S KENRICH NAME (Type)

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) 7.5 ADDRESS 246 REGISTRAMS SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 244 REC'D, BY REGISTRAR DATE NOV 2 Liconsia

TO FUNERAL poge 3 show the registror prior to VS A15 (4) 15M 9/55

TO HOSPITAL OR

certificate has been signed by a as the burial-transit permit.

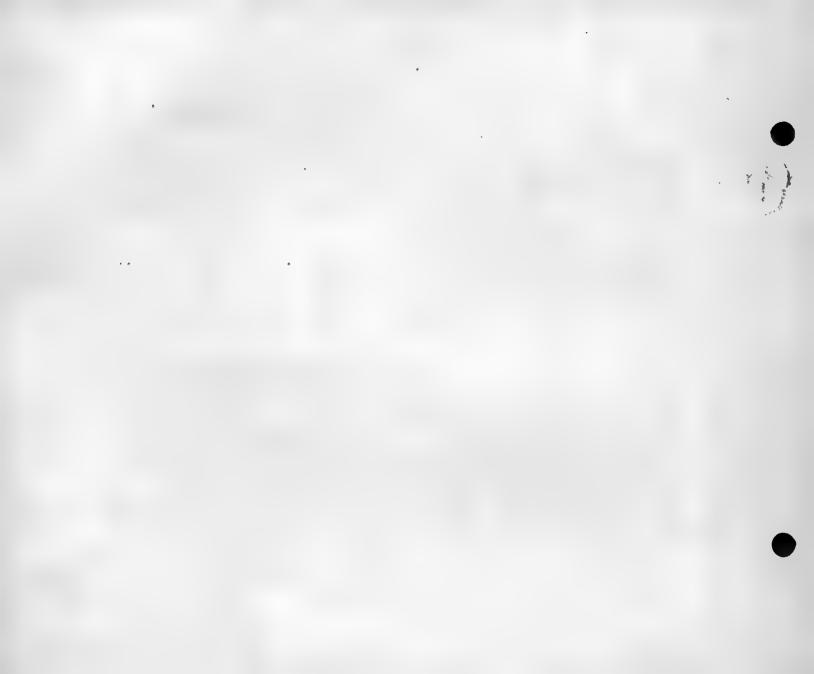
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1/0	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	16058 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a. DATE KNOWN Manth Day Year 2b. H	
oy is 3 to Page	DEATH MATED 11 19004:2	
2, and 3 PM3. Page	3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years 1.5 Linder 1 VEAR IN UNDER 24 HRS 2c DATE PRONOUNCED DEAD Month Nov. Boy 11 Year 19 68	OUR M
- E	70 BIRTHPLACE (State of foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 7 9. COUNTY OF DEATH Country) Canada U. S. WIDOWED DIVORCED Montgomery	
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2 with	13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY IAM 15? 13e STREET AND NUMBER admission) STATE Md. 13b. COUNTY Montgomery Silver Spring YES X NO (
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5 5 5 5	Eugene Cross Cora Lamonda	
This certificate should be executed within 24 cate, writing the word "pending" in pencil in be forwarded to the Chief Medical Exominer's be used as a buriol-transit permit. File pages in removal and in any event within 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no Not unknown) (It was give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Eyelyn L. Cross 621 Gist Ave., Sil.Sp., Md.	
xecuted value in Medical Experimit. From the permit. From the transfer of the	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (cf) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA OF COMMENT OF CAUSE (a)	TH
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		1605.9 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1	6073
= ===		ECEASED-NAME First Middle Last 2a DATE OF DEATH	2b. HOUR
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the fu	3 51	Female S. DATE OF BIRTH Female S. DATE OF BIRTH Female Of AGE (n years list birthday) AND THE PROPERTY OF THE PROPERTY O	INDER I YEAR F UNDER 24 MRS. THS DAYS HOURS MIN
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be ed ond	1	1. cia Holbrook Pthhh Marcaret	John 1
PHYSICIAN: The law requires that the deoth certificate be executed writern to hospital or attending physician. This certificate has been signed by the ottending physician and completely fill his certificate has been signed by the ottending physician and completely fill the tracked for use as the burial-transit permit. Then please remove carbon bept of Health prior to burial, cremation, ar removal, and in any event, within the contraction of the contraction of the contraction of the contraction.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (es., me, ar unknown) (II yes give war or dates of service) 579-01-6433-A Augustine Crovo, 8116-15-aug. 20	anten Part mo -
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he ho this controlled	-	While Nat while of work	aunty State
by the part of the		22a. I certify that (I) (this hospital) attended the deceased from 1968, to 1000, 1, 1968, saw the deceased alive on 000, 2, 2, 1968, and that in (my) (aur) opinion death occurred on the date of	, that (I) (we) last
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OR AI		226. SIGNATURE ATTENDING MED. STAFF 22c. DATE PHYS DIRECTOR PHYS 1/1	SIGNED
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7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15074								
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16075 18061CERTIFICATE OF DEATH DECEASED-NAME First M ddie 2a. DATE OF DEATH signed by the attending physician and campletely filted in by the terreral burial-transit permit. Then please remave carban papers. Pages Fard Sourial, cremation, ar remaval, and in any event, within 72 haurs after death (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF UNDER YEAR IF UNDER 24 HRS MONTHS YRS 9 COUNTY OF DEATH 70. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED (quntry) U. S. WIDOWED [DIVORCED 5 120. USUAL OCCUPATION Wind of work done 10 CITY OR TOWN OF DEATH 1), NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during-most of working life, even if retired.) 13a USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER CITY OR TOWN requires that the death certificate be executed odmission) STATE 13b COUNTY 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME FIRST Middle Last 16b. SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no arunknown) Item 13. (If yes give war or dates of service) Same as 7-26-7216 Hugh A. Cunningham APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (a) arcinomatosis Conditions, if any, which gove) rise to immediate cause (a), Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 😿 NO 🔲 director, page 3 shauld be detached for use shauld be filed with the State Dept. af Health 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D No. State City or Town County While Not while at work ^L at wark causes stated-gbave, (1) (we) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22a. ADDRESS 22d. PHYSICIAN S W. James NAME (Type) 230. BURIAL CREMATION 23b PATE 11-3-68 23c, NAME OF CEMETERY OR CREMATORY
Warrenton, Cemetery 23d LOCATION (City of Town)
Warrenton 24. FUNERAL DIRECTORRODETT Pumphrendress Bethesda, 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 557-Wisconsin DATBEC 9 1968 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH





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		16063 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1607 (
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the Total State of the Land St		causes stated above, (1) (we) (djd) (did not) view the bady after death.
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TAI AI Poor		PHYSICIAN'S NAME (Type) DR LAG I DUNG VAN 2220 ADDRESS LIV MIC AVE BOTTO
SPI 4 m		NAME (Type) DR LAU I DUNOVAN JLIV MIC AVR (Sette)
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VR A15 (4) 45M 1/69	W	arner E. Pumphrey, Inc. 8434 Ga. Ave. Sil. Spg. NOV 20 1968 Marley Judge
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	16064 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	507.
TOR STATE .	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0011
HEALTH DEPT.	1 DECEASED NAME . First Middle Lost , 20. DATE KNOWN Month Di	by Year 2b Heur
~ 5 8 € (M)	(Type or Print) GARRY BRAUN DAVIS DEATH MATED 11-5	1968 4 SM
<u>5</u> 2 2 €	3 SEX 4 RACE SODATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD	ZdHOUR
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hin 24 ncil in niner's pages haurs	166 SOCIAL SECURITY NO. 17. INFORMANT JOSEPH B. Davis ADDRESS (Yes, no., or unknown) 1 (If yes gave wor or dottes of service) 23 7 (89 - 7777)	1 "
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EXAMINER: cute the cert age 4 should r your files. Page 3 should. ., cremation.		
AI Fall fall fall fall fall fall fall fall	220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry .	and in my opinion
bic ecto inecto a bi	deoth resulted from: Notural couses [], Accident [], Suicide [X], Hamicide [], Undetermined manner [J
dir dir t	ACTUAL CHIEF MEDICAL EXAMINER (HIEF MEDICAL EXAMINER) 22b DATE SIG	MEN
prior	SIGNALURE X/	N. 1968
O DEPU necessar the fune 5 may k 0 FUNER Health	EXAMINER'S NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Betheso	ia. Md.
o DEPUTY necessary, please the funeral direct may be retaine o PUNERAL DIRE Health prior ta	O NI COLLAY OL LOUI NAV	
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MARYLAND STATE DEPARTMENT OF HEALTH

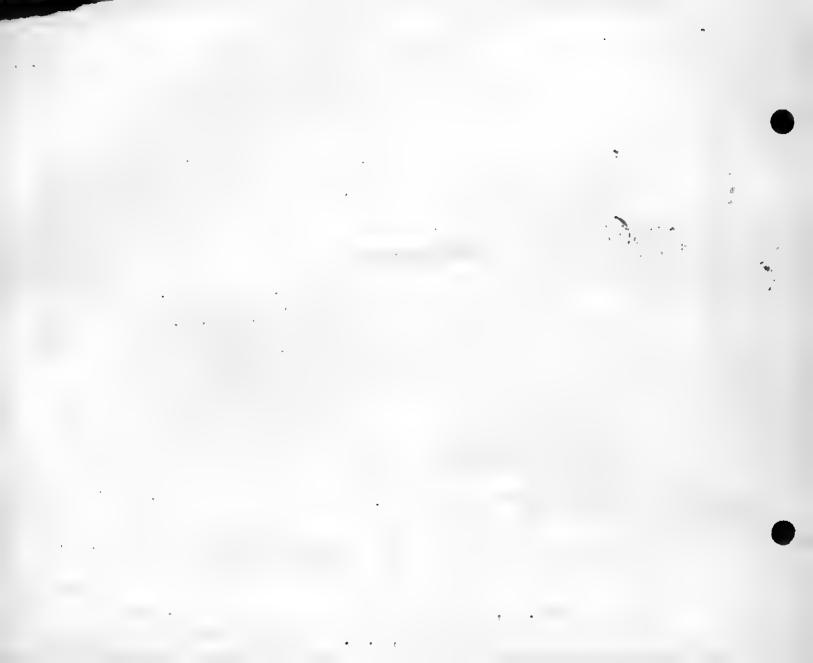
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18665 16079 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g DATE OF DEATH he law requires that the death certificate be executed within 24 hours after death. (Type or print) Month 16 Doy CORA S. DAWSON 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years F UNDER I YEAR last birthday) Dec. 3, 1875 White Female 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Mo. USA WIDOWED X DIVORCED Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address)
6789 Goldsboro Rd. during most of working life, even if retired.)
Housewife INDUSTRY Glen Echo Home 130. USUAL RESIDENCE (Where deceased lived, functitution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTMONTgomery odmission)a HAII and Glen Echo YES 🙀 6789 Goldsboro Rd. 14 FATHER'S NAME Middle Lost 15. MOTHER S MAIDEN NAME First Middle Last L. Shelton Baily George Anne 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address 489-50-8005J1 Donald S. Dawson burial, crematian, ar removal, Same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).)
PART 1 DEATH WAS CAUSED BY: CongestiveHeart Failure Month IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave CARCINOMATOSIS rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(BREAST CARCINOMA PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the I should be filed with the State Dept. af Health prior tall 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? CARCINOMA REBRENIT CAUSES OF DEATH? NO 🔀 YES [21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF BEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work causes stated above, (1) (va) (did) (did at) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS MED DIRECTOR 16 NOU 1968 22e. ADDRESS C. Sullivan, SR., M.D. 16 St. L.W. WAShington, D.C 1026 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify) 11-17-1968 Eldorado Springs, Missouri 24 FUNERA DRECTOR Gawlers Sons, Inc. 5130 Wisc. Ave. N. Wash., D.C. VR A15 (4) 30M REV. 1/68

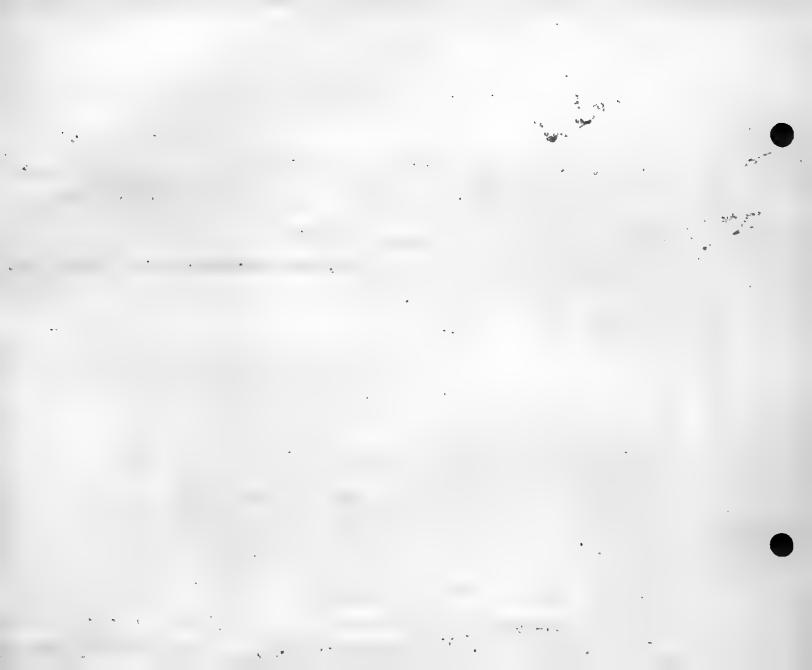


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be	L	CERTIFICATE OF DEATH 160 0
offer death. he tuneral ge I and 2 after death.	L	DECEASED-NAME (Type or print) Addies Richards Dell. 20 DATE OF DEATH Nov Month 28 Day 68 eor 100 mm
	3. 5	EX 4 RACE S DATE OF BIRTH 6 AGE (In years if UNDER 14 ARS HOURS MIN.
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	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a USLA, OCCUPAT ON (Kind of work done 12b, K ND OF BUSINESS OR
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requires that the death certificate be executed physician. I signed by the attending physician (nd.co.pp) burial-transit permit. Then please temave date burial, crematian, ar remaval, and in any events.	odn	JS_AL RESIDENCE (Where deceosed lived, if institut on Residence before 13c CITY OR TOWN 136 MISSIE CTY LIMITS? 13e STREET AND NUMBER STATE Georgia. V3b COUNTY SHATHAM SOLVANDE YES NO Chatham Hots.
S E E	14	FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle Lost
ate t ician leasa and i		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address
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VR A15 (4)	24	FUNERAL DIRECTOR JOSEPH GAWLER SONS WASHINGTON, D. C. 250 DEC DAY REGISTRA 968



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		16067	DIVISION OF VITAL RECORDS,			E, MAKTLAND ZIZUI	16081
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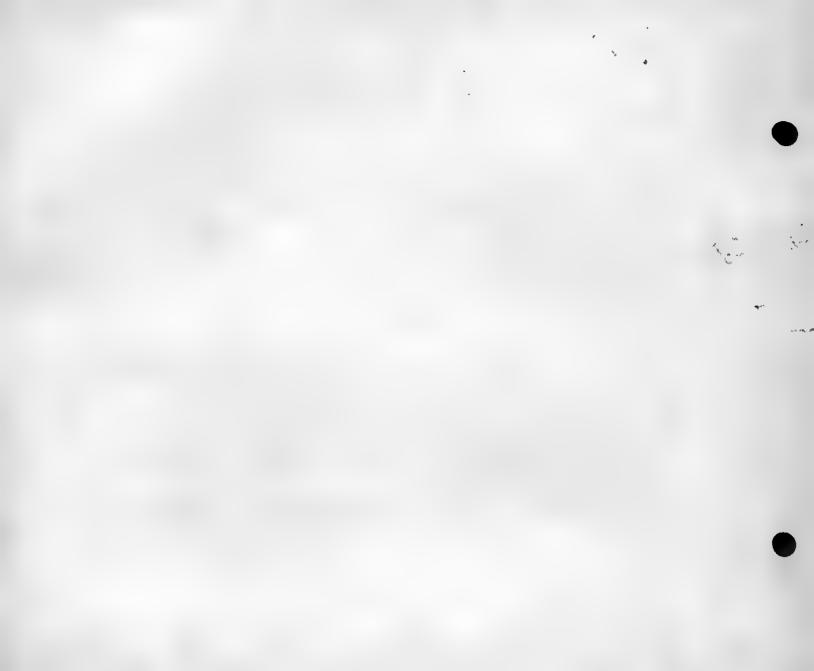




MARYLAND STATE DEPARTMENT OF HEALTH 16004 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or print) Mace & 3 SEX 4. RACE 5. DATE OF BIRTHL 6 AGE (In years last birthday) RE UNDER I YEAR 24 hours after lease remave carban papers. Pages and in any event, within 72 hours aft MONTHS DAYS HOURS Ta BIRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH ton Ohin WIDOWED [DIVORCED [OnT COMER filled ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done kecuted within 12b SAND OF RUSINESS OR asve-street address) during most of warking life, even if ret red) INDUSTRY 130 USJA, RESIDENCE (Where deceased yed, if institut an Residence before 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? odmission) STATE 13b. COUNTY 14 FATHERS NAME First Middle Lost IS MOTHER'S MA DEN NAME FIRST please 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIA, SECURITY NO INFORMANT Address physic Yes, na. ar unknown) I (If yes give wor or dates of service) burial, crematian, ar remayal, APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o) (b). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) JUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [IO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21o. ACCIDENT WAS UNDERLYING TO HOSPITAL OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City of Town County State While Not white at work 22a I certify that (1) (this hospital) attended the deceased from . 6 /VOV 1868 and that in (my) (our) opinion death occurred on the dote and haur and fram the saw the deceased alive onbe retained causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATAR PHYS **BURIAL CREMATION** 23b DATE NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 (County) (State) **ADDRESS** REC'D BY REGISTRAR VR A15 (4) 45M - 1/69



1 0.1	1	MARYLAND STATE DEPARTMENT OF HEALTH
CODSTATE		16071 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16685
HEALTH DEDT	1 06	ECEASED NAME First Myddle / Lost 2a. DATE KNOWN Month Day Year 2b. HQUE
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loy is 3 to Poge ant of	3 SE	X , 4 RACE /S DATE OF BIRTH 16 AGE (In yours IF UNDER 1 YEAR 16 JUDGE 24 HRS 20 DATE PROMOUNCED DEAD 2d HOUR,
de S. de S.	20	72 Le- 700016 5/18/8/2 96 YRS. MONTHS DATS HOURS MAN Month 1000, Year 19 65 43/M
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	×	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, white Not white factory, office building, etc.)
ICAL EXAMINER: Execute the cert for. Page 4 shoule ed for your files. CTOR: Page 3 shou burial, cremation,		AT WORK L. I T WORK L. I
ical Execution. Paged for CTOR: Burnal,		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my apinion death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner
director etained DIRECTOR		death resulted fram: Natural causes A, Accident , Suicide , Hamicide , Undetermined manner
TTY, pleasery, pleasers direct		ACTUAL ACTUAL ACTUAL FOR THE STANDING TO 22h DATE SIGNED
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o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to bundl, crem		NAME (Type) ADDRESS(Street, city, town, or county)
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9-	24	ARMOVAL (Specify) 11-15-68 Lincon Park Cem Kockville Monta Md.
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MAKTLAND STATE DEPARTMENT OF HEALTH



, /	1	MIAKTLAND STATE DEPARTMENT OF REALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		16075 CERTIFICATE OF DEATH
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death.		(Ype or pant)
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R: Villa		causes stoted above, (1) (we) (did) (did not) view the body ofter death.
A		22b. SIGNATURE 22c. DATE SIGNED
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y b b gge	П	22d PHYSICIANS #7
RA B A		NAME (TYPE) BERNARD A. FITZGERALD 217 UNIV BLUDE, SILVER SPRING, MO
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FOR STATE		16077 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT		DECEASED NAME First Middle Lost 2a DATE KNOWN Month Day (Type or Print)	Year 25. HOUR I
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hours after death any ltem 18. Give Pages 1, 2, Office along with form P 1 and 2 with the State Department death.	130	o USUAL RES DENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Maryland 13b. COUNTY Montgomery Clarksburg YES NO Box 96	
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	G	George Washington Taylor Alice Ruth Curry	
ba g		(Yes, no ar unknown) (If yes give war or dates of service) (16b SOCIAL SECURITY NO Montgomery General Hospital, Olne	y, Md.
1 d 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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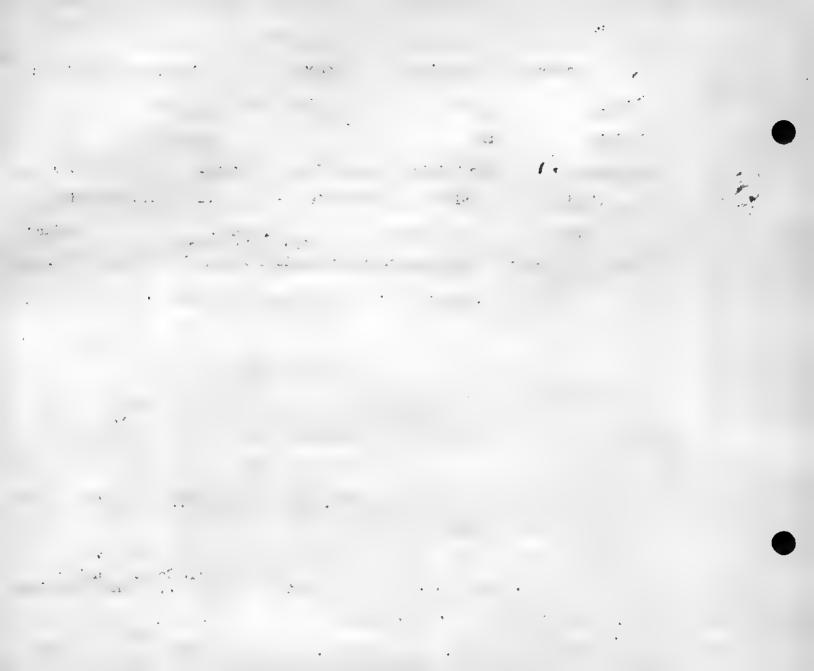
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	₹ -2 ₹			CEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
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	e death certificate be attending physican c permit. Then please an, or removal, and i			
	ate este		160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT Address Sil. Spr. Md.
	P. S. P.		ľ	es, no or unknown) (1 yes give war or dates of service) 217-09-5858 Mrs. Mary Louise Flanagan 555 Thayer Avenue
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	事 海点に		i I	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) C. AR 10 - PULMON ARY FAILURE BETWEEN CHUST AND DEATH S DRYCH
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	A compa		3	276. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year
	9 編集者		용	(If either, notify medical examiner) P.M. 19
	YSI dsr		MEDI	2.4 MILIDY OCCUPATED 23.5 DIACE OF INHIDY LAT NOME FARM STREET FACTORY 1 215 LOCATION Street of D.F.D. Mg. City of Tours
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	be by a			22a. I certify that (I) (this haspital) ottended the deceased from 1/1/7, 1968, to 1/23, 1968, that (I) (we) lost saw the deceased alive an 1969, and that in (my) (our) opinian death occurred on the date and hour and from the
	A P P			saw the deceased alive an
	- B - B - E			couses stated above, (i) (we) (did) (did not) view the body after death.
	E S D S E			226 SIGNATURE 22c DATY SIGNED
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed by Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached far use as the burial-transit permit. Then please remaye carrishould be filed with the State Dept. af Health prior to burial, crematian, or remayal, and in any event,			
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	WATER THE TAIL TO	LAD	1/4	Jarner E. Pumphrey, Inc. 8434 Godoog Ga. Ave. DATENUV 29 1968 Judge











DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16084 1666 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME LTH DEPT Rutord 2g DATE KNOWNE (Type or Print) ESTI-1968 DEATH MATED 4 RACE AGE (In years E JNDER 24 HRS 3 SEX DATE PRONOLINCED DEAD 70 BIRTHP_ACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED TNEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED [Mintainner 10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kind of work done during most of working life leven if ret [3]) 13e STREET AND NUMBER death 13a USUAL RESIDENCE (Where deceased lived, if institut on Residence hefore) 13c 13d. NSIDE C.TY L MITS? Silver SPrince YES IN NO and 14 FATHER S NAME Last First IS MOTHER'S MAIDEN NAME Poster podes hours 16p. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (Yes no, ar unknawn) 2019 444-01-4592 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) neumonia. Kobular Bileteral Estasive permit. PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH "pending" IMMEDIATE CAUSE (a) Cardi Voscular Discore Canditions, Tany, which gove rise to immediate couse (a) writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause uria This certificate PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 D 422 1 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES IST NO 🗀 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Manth, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d (NJURY OCCURRED 21e PLACE OF IN. JRY (At home, form, street, 21/ LOCATION Street or R.F.D. No. City or Town Caunty State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE please execute 220. I certify that I took charge of the remains described above, held on Autopsy XI, Inspection X Inquiry 7 ond in my opin on deoth resulted from: Noturol couses X Accident . Suicide 🗍 Undetermined monner retained Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED the funeral SIGNATURE NOV-6, 1968 DEPUTY MEDICAL EXAMINER may **EXAMINER'S** Health John G. Ball ADDRESS(Street, city, town, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Holdenville Cemetery
ADDRESS Sil. Spr. Md 250 REC D BY REGISTRAR VR A15ME (5) Inc. 8434 Georgia Avenue TOM REV 1/68



135	Ft	ems 18&22a Film 407 MAKTLAND STATE DEPARTMENT OF HEALTH -27-68ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6093
FOR STATE		16085 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00.49
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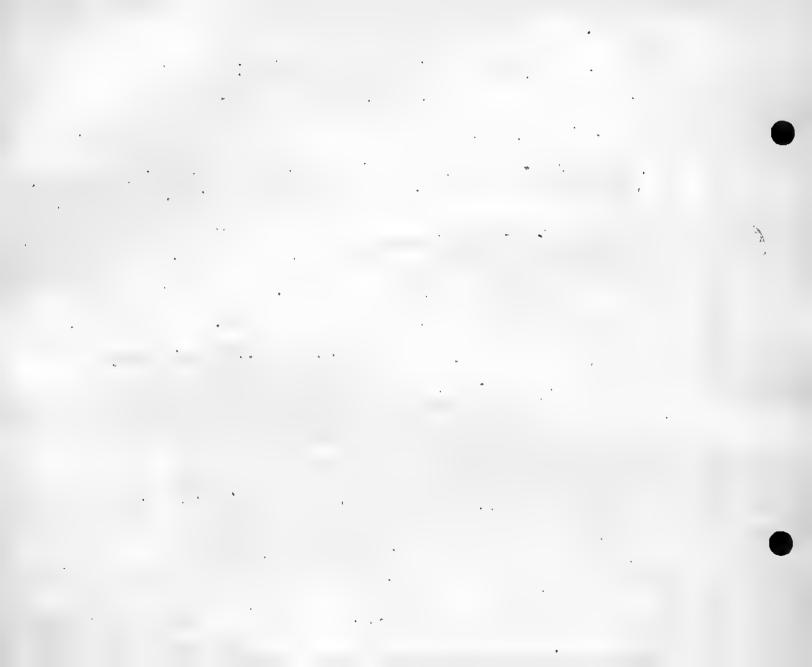
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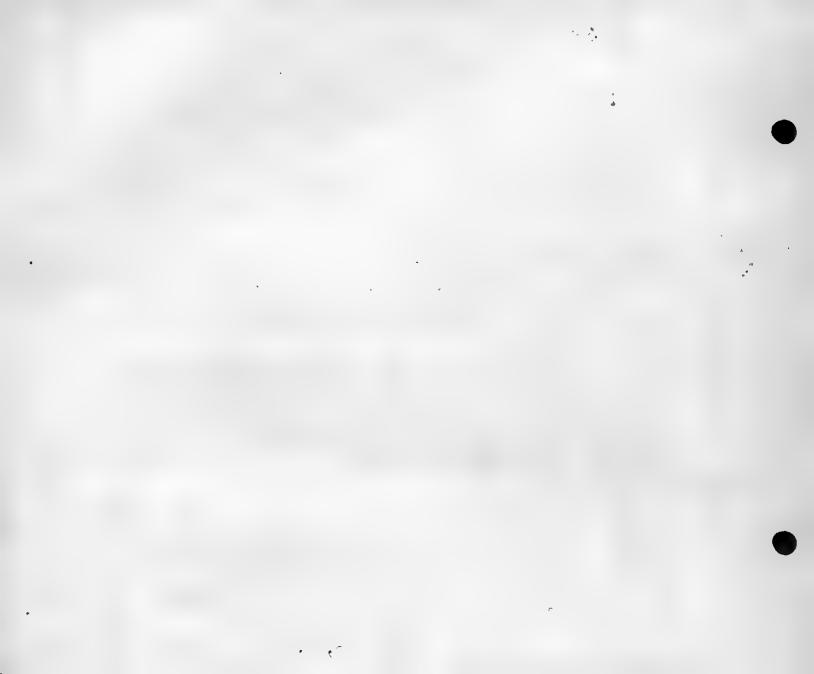
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16102 16088 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 2b. HOUR DECEASED NAME First within 24 haurs after death (Type or print) van papers. Pages: Land within 72 haurs affer deat S. DATE OF BIRTH 4. RACE SE HADER I YEAR 6 AGE (In years last bigHday) IF LINDER 24 HRS 3. SEX MONTHS DAYS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED DIVDRCED (WIDDWED 12 compretely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH INDUSTRY give street address during most of working life, even if retired.) carban 3 should be detached for use as the burial-tronsit permit. Then please remove carb with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN odm ssion) STATE 13b. COUNTY SILSAC 1204 EDGEVALE NO F 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middle First Middle Lost Lost en G requires that the death certificate be DINC UNKNOWN attending physician sermit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, no. or upknown) (If was give war or dates of service) UNENOUSA APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
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FOR STATE	_	18089 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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oy is 3 to Poge ent of	L'	OHN CURTIS FRIZZELL DEATH MATED (X) //	14 1968 2 AM
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항문을 발표		18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) ond (c).) PART I DEATH WAS CAUSED BY. Acute myocardial infarction IMMEDIATE CAUSE (a)	APPROXIMATE PITERVAL BETWEEN ONSET AND DEATH
X 건물 모 =		DUE TO, OR AS A CONSEQUENCE OF	
should be exe ne word "pendi to the Chief Me burial-tronsit pe in any event		(anditions, if ony, which gove) Marked commany arteriosclemsis	VEATS
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should be word the Ch burial-tro		lost.	
g the s ad to and i		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fica ing os os I, a	_	400,	
This certificate state, writing the be forworded to be used as a but or remaval, and in	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his conte, refin	냺	WAS PERFORMED?	YES 🔼 NO 🗌
海中 平 9	MEDICAL CER	21a. EXTERNAL CAUSE WAS PR-MARY OR CONTRIBUTING HOUR A M P.M. 19 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item P.M. 19	m 18}
	MED.	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F. D. No. City at Town	County State
CAL EXAMINER: execute the certifor. Poge 4 should for your files. TOR: Poge 3 shouriol, cremotion, uriol, cremotion.		WHILE NOT WHILE factory, affice building, etc.)	
ICAL EXA recture for. Page ed for you CTOR: Page buriol, cre		22a. I certify that I took charge of the remains described above, held an Autopsy 🔀 Inspection 🔀 Inquiry 🖼	and in my apinian
DEPUTY DICAL E reesary, please exert e funeral director. Po may be retained for FUNERAL DIRECTOR:		death resulted fram: Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner [
pleose e I director retaimed		CHIEF MEDICAL EXAM.NER	
TY, pleer of retory ALDI		SIGNATURE ACTUAL SIGNATURE ADD. ASSISTANT MEDICAL EXAM.NER 226 DATE SIGNATURE	IGNED
PUTY sary, unero y be VERAI h pri		EXAMINER'S DEPUTY MEDICAL EXAMINER A NEW YEAR	41.14.8
		NAME (Type) ADDRESS(Street, city, tawn, ar county)	
0		Primary 11/17/68 Union Leesburg Loud	doun Va.
	24.	FUNERAL DIRECTOR 1 PORCES ROCKVILLE REC'D BY REGISTRAR 25b REGISTRAR S S	
VR A15ME (5)	TA	son Wheeler Funeral Fome Rockvillem Md. Date NOV 18 1968 fclor	enley Judge





у		1	16091		301 W. PRESTON STREET, BALI		1 10105
					CERTIFICATE OF DEATH		
	oth.	1.	DECEASED NAME First (Type or print)	Middle	Lost	20. DATE OF DEATH Month 144	Doy & Year 25 HOUR
	de de de	13	FRED_R	LC 4 RACE	GISLER		0 114
	24 hours after deoth adjan to the fueerol adjan 2 hours after deoth		M	H	5. DATE OF BIRTH 7-14-1 9 90	6. AGE (in yeors la 1 di nthday)	IF UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MUN
	Poor Poor	- 0	suntry)	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED 🔼 NEVER MARRIED	9. COUNTY OF DEATH	
		10	Switzerland	United States 11. NAME OF HOSPITAL OR IN:	WIDOWED DIVORCED	HONTGOMERY	Md
	Manual Ma	21	PAKOMA PARK	g ye street oddress) #1 Barolay	Avenue during m	AL OCCUPATION (Kind of work do lost of working life, even it terms	dired Chef
,	completions ove call	00	o. USUAL RESIDENCE (Where deceose mission) STATE Ma ry Land	d lived, if instrution Residence before		IMITS? 13e STREET AND NUMBER □ #1 Barclay	
	nd campremove	5 14	FATHER'S NAME FIRST	Middle Lost	15. MOTHER 5 MAIDEN NAME		
	e be on o ose o	-		-		nrieta	Rossell
	PHYSICIAN: The law requires that the death certificate be executed e hospital or attending physician. The attending physician ond completificate has been signed by the attending physician and completatoched for use as the burial-transit permit. Then please remove call Dept. of Health prior to burial, cremotian, or removal, and in ony event	10	Yes, no or unknown) (If yes give wa	ED FORCES? 16b. SOCIAL SECURITY are in dotes of service)		Address sler, Wife, sam	
	th cer ding p		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y ane couse per ne for (o), (b), and (c), BY.	and and	//	APPROXIMATE NTERVAL BETWEEN ONSET AND GEATH
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	equires the physicion. signed by burial-tran		lost. 4201	(r)	V		
	requestion of the sign of the		1 (4 mit /hi	DITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART (6)	1. 1015
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	The after hos se a the pr	XI			YES NO	CAUCEC OF DEATHS	S CONSIDERED III CENTIFY INO
	AN: Il or cote or u			216 TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Ente	r noture of injury in Part 1 or Port	2, Item 18)
	SICI, spira ertifica ed fi	MEDICAL	(If either, notify medical examine	er) PM 19			
	F + B	2	21d INJURY OCCURRED 21e. F While Not while at work	PLACE OF INJURY (AT HOME FARM, STREET FAC OFFICE BUILDING, ETC	TORY 21f LOCATION Street or R.F.D. No.	City or Town	County State
	by the		22a, I certify that (I) (this	hospital) attended the decease	ed fram flying, 19	66, to 11/14	1966, that (I) (+we) ias
	ATTEND etained CTOR: A should ith the		saw the deceased all causes stated above,	ve an (1) (we) (did) (did nat) view the	y, and mat in (y ny) (our) api bady after death.	inian death Sccurred an the	date and haur and fram the
	R ATTEN retained RECTOR: / 3 should with the		226 SIGNATURE	7 56M		NED CO STAFF CO	22c DATE SIGNED
	DER DER		ARMULE.	Jeon 17 111	DEGREE PHYS	RECTOR PHYS	11/14/68
	TO HOSPITAL OR ATTENDING Page 4 may be retained by it to FUNERAL DIRECTOR: After director, page 3 should be a should be filed with the State	1	220. PHYSICIAN S NAME (Type)	WEL DESSO	55 22e. ADDRESS 2-	1880mb W.	ish D.O.
	HOS ige 4 FUN recto	23	BURIAL, CREMATION, 236 DE	ATE 23c NAME OF	CEMETERY Crematory	23d LOCATION (City or Town)	(County) (State)
	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	8	Cremation 11-	-16-1968 Cedar H	ill Cemeterv	Suitland, P.G.	Co., Maryland
	VR A15 (4) 45M 1/69	24	Ave. N.W., Wsh	s Sons, inc., ADSES	WISC. 250. REC'D B		ARS SIGNATURE
	17 07		Trace vienes uner	-,	I DAIL IN LIA	[() [UUU]/-	-VA



	1	1			DIVISION O	MAKTLAN F VITAL RECORDS,					OVIAND 21201	1610	, ,
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	- N.5- 5		3 SE		4. RACE	nite		5. DATE OF BI			last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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	ed within 24 Filetely filled incarban papers	'//		ty or town of death Takoma Park	give	NAME OF HOSPITAL OR INS e street oddress) Was	h.San.	& Hosp	o during ma	st of working	i will e	12b KIND OF B INDUSTRY	
	e e e	/-	13a. adm	USUAL RESIDENCE (Where decedersion) STATE Md.	sed lived, if institution 13b. COUNTY	ution Residence before Mont.	13c. CITY OF		YES NO		reet and number 07 Hillmoo	r Dr.	
	rem remy	1	14. F	ATHER'S NAME First	Middle	Last	1	S. MOTHER'S M	AIDEN NAME F	ıst	Middle		Lost
م	4 5 5			Stephen		Brown			Me	argarea	t		teel
er/b	requires that the death certificate g physician. I signed by the attending physician e burial-transit permit. Then plesse o burial, crematian, ar remaval, and		16a. Ya	WAS DECEASED EVER IN U.S. AR (If yes give	MED FORCES? war ar dotes of service)	217-36-80		INFORMANT Mr. Jos	seph Gl	otfelt	y samecos	0000000	
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al	s that th cian. d by the l-transit j, cremati			rise ta immediate couse (a),	(b)	AS A CONSEQUENCE OF	10 CAE	ROIL	CHEOR	NASCUR	UNE DISEAS	E .10	YE445
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	rSICIAN: 1 aspital ar certificate hed far us			21a. ACCIDENT WAS UNDERLYI				OW INJURY OCC	CURRED (Enter	nature of inju	ry in Port 1 or Part 2,	Item 18.)	
H H	Pital Pital Pital Pital		MEDICAL	OR CONTRIBUTING CAUSE OF DEA	iner) P.M	11	9						
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	TENDING ined by the DR: After auld be do the State			220 I certify that (I) (the sow the deceased causes stated above	nis hospital) of	tended the decease	ed from	AUGU	57,196	7 , to	NOVONS 19	68, that	(I) (we) lost
	ENE ned N: A Wid			sow the deceased (e. (I) (we) (did	(did nat) view the	bady after	death.	iy) (aur) opir	nan death i	accurred on the di	ore ond nour o	nd from the
	ATT CTO Share Vith			22b. SIGNATURE		1/)					DATE SIGNED	
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	5 ≤ c. a	1		22d. PHYSICIAN S NAME (Type) Roo	cret L.	KRICHM-	AR M	ک, 22e. ADD		733 ASHN 1	TON D.C	200	
	O HOSPI Page 4 m O FUNER. directar, shauld b	1	23o	DELLOWEL TO 17 3	DATE	23c NAME OF					ON (City or Town)	(County)	(State)
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			MARYLAND STATE DEPARTMENT OF HEALTH
		4.0000	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16164
./.		16093	CERTIFICATE OF DEATH
£ 2 3 E		ECEASED NAME First	BESSIE Middle LOSGOLODNER 20. DATE OF DEATH 26. HOUR
a la	(Type or print)	Known as Bearing GO- DBERG) NOV Month 190 1908 7:30 PM
	3. S	EX (LECTION)	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 14 FAS)
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n by the	$\overline{}$	BIRTHPLACE (State or foreign	The CELTON OF WHAT COUNTRY OF THE PROPERTY OF
	100	ntrv1.	HOWKIED THEKEN MAKKIED
within 24 h			UNITED STATES WIDOWED DIVORCED MONTGOMERY Md.
/2 ■ # \ ± →		CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in the piece) 120 USUAL OCCUPATION (Kind of work done give street oddress) 12b KIND OF BUSINESS OR Industry 120 USUAL OCCUPATION (Kind of work done give street oddress) 12b KIND OF BUSINESS OR INDUSTRY
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e de la companya de l	13a.	JSJAL RESIDENCE (Where deceose issian) STATE	ad Inved. if institution. Residence before 13c. CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER
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ote Cior Cior Cior Cior Cior Cior Cior Cior	160	. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address LA., BUWIE, MD,
is a distribution of the second of the secon	'	es, no, ar unknown) (If yes give wi	222-14-926/ MR. SEYMOUR GOLDBNER, SON, 12911 BENTLY
where the	厅		APPROXIMATE INTERVAL
The law requires that the duath certificate be executed ottending physicion. has been signed by the attending physicion and compiles as the buriol-transit permit. Then please remove conthibrior ta buriol, cremation, or removal, and in ony even		PART 1 DEATH WAS CAUSED	BY. CAR LARY THREATS SIE
de d	L	4100 IMMEDIA	
Pe at 100 7		Conditions of any which are a	DUE TO, OR AS A CONSEQUENCE OF
ま 幸 恵 <i>別</i>		Conditions, if any, which gave) rise to immediate cause (a),	(b) Willianderone + persenave larder-vise dixes 10 415.
that the on. by the transit p	1	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF
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equires 1 physicio signed b buriol-tr buriol, ci	┨	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
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be dist	E S	19a. DATE OF OPERATION 19b. (ONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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A Profit A	ੋਂ	OR CONTR BUTING CAUSE OF DEATH	HOUR A.M. Month Day Year
Spirit spirit	MEDICAL	(If either, notify medical examin 21d INJURY OCCURRED 21e	
PHY s ho list toot	 	Still Stilling	PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No City of Town County State
of tag		at work at work	
8 25 £ 5 8		220. I certify that (I) (the	s-haspital) attended the deceased from
2		ranses stated abave	(lid) (did net) view the bady after death.
ATTEND etained CTOR: A should with the		225. SIGNATURE	22c DATE SIGNED
OR ATTENDING PHYSICIAN: be retained by the hospital or SIRECTOR: After this certificate e 3 should be detoched far u ad with the Stote Dept. of Heal	ı		STAFF DEGREE PHYS DRECTOR D STAFF D PHYS. D PLOV 20 1968
		22d. PHYSICIAN'S	22e. ADDRESS
RAI Be		NAME (Type) / P U	VIN 1. YAGER M.D 3055-16 = Al. N. WaSH DC 10009
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dmath certificate be executed by Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complete director, page 3 should be detached for use as the buriol-transit permit. Then please remove care should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event,	22.	BURIAL CREMATION. 23b. D	
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5 5	54	FUNERAL DIRECTOR VOSE	
VR A15 (4)			ENUL LIACH AC SUNCE NIIV 4 D 1968 I Contine Sunce
30M REV. 1/68	1 -	2/30 00/20, 121	Z. N. C. , 10/73 A. , D. C. , 2001 & DATE

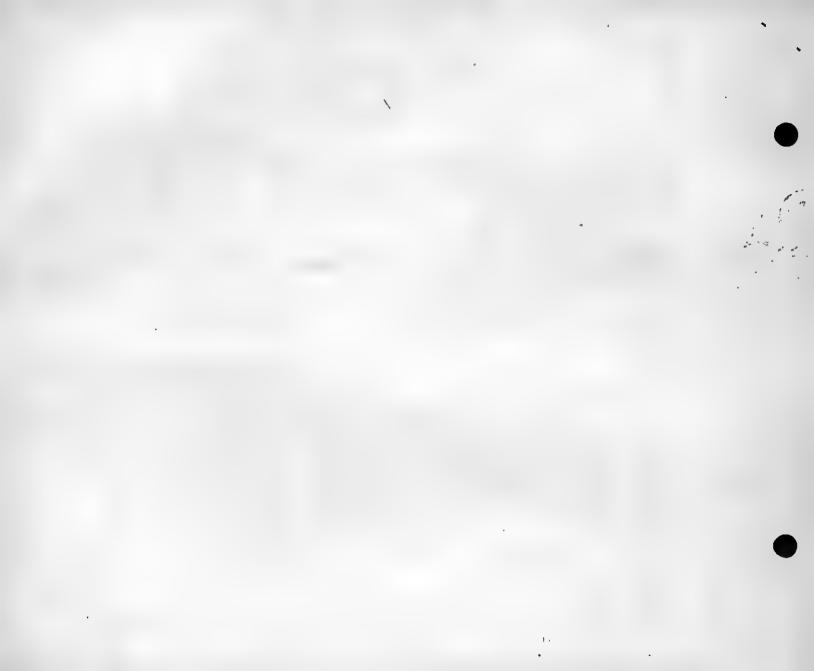
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	I	temly Film 6406 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		1600 % CERTIFICATE OF DEATH
± -5±		CEASED-NAME First Middle Last 20 DATE OF DEATH 2b. HOUR ype or print) Month Day Year
er death funeral 1 and 2	_	Jennie Zelda Gordon Nov 2 1968 2 PM
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- Haur		ARTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 1/1/2) RUSS 10 US DIVORCED MONTAGEMEN Md
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	13a	USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c EITY OR TOWN 13d INSIDE CITY JUMISTS 13e STREET AND NUMBER
du sa A		ssian) STATE Md. 136 COUNTY tapmery Silver Spring YES NO 13/0.8 Valleywood Drive
be exe	14	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Sarah Lost
law requires that the death certificate be executed nding physician. been signed by the attending physician and camples the burial transit permit. Then please remove coiar to burial, crematian, ar removal, and in any even	76a Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT SIN-IN-law Address 3.3.19d. 578-40-7789 Charles Grossman 13/28 Valley wood Orive
that the death certifi an. by the attending phy transit permit. Then crematian, ar remova		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Carcinomic tonic The control of the control o
dea offen of		IMMEDIATE CAUSE (a) CANCENDUM OF THE CAUSE (b) CANCENDUM OF THE CAUSE (c) C
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equires th physician signed by burial tra burial, cre		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding ding seen the arta	NO	1/OA
The la attend attend has b se as th pria	CERTIFICATION	19d. Date of Operation 19b. Condition for which operation was performed 20d. Autopsy? 20b. If yes, were findings considered in certifying causes of death?
IAN: tal ar ficate far u		21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	MEDICAL	(If either, natify medical exominer) P.M. 19 21d INJURY OCCURRED Not while at wark at wark at wark
OR ATTENDING be retained by th JIRECTOR: After t e 3 shauld be de		22a. I certify that (I) (this haspital) attended the deceased fram (1) (we) last saw the deceased alive an analysis of the deceased fram (my) (aur) apinian death accurred an the date and haur and fram the
TTENI Jined OR: A OR: A		causes stated abave, (1) (we) (did) (did Kat) view the bady after death.
OR ATTEN be retained DIRECTOR: /		226 SIGNATURE CENSTRUCTOR W. A - DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D 11/2/68
PITAL to may be ERAL of page diefiled		22d. PHYSICIAN'S A.W. SMITH . 22e. ADDRESS 13018 GEORGIA AVE WHEATON, MD.
TO HOSPITAL Page 4 may TO FUNERAL I director, pag	230	BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11-4-68 GCO. COASH. CEM. 147775VILLE, 1 MD,
VR ALS THE 30M REV TYPE	28	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE DATE NOV 6 1968 Clarify Judge



1	П	1 5 1 () 1
FOR STATE	1	16095 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOUR
5 p e c to	1	(Type or Print) James K. Straff. DEATH MATED 16 Nov. 1885 70M
ay is 3 ta 3 ta Page		SEX 4 RACE SOLATE OF BIRTH 6 AGE (n years COUNCED YEAR IF JUDGE 24 HRS 20 DATE PRONOUNCED DEAD 24 HOUR
defay and 3 and 3 and 3	П	m. White feely 20-1917 50,7RS MONTHS DAYS HOURS MIR. Month, Day Year 1968 5-30
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	ī	O. CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPAT ON BRIDE OF WORK done Like KIND OF BUSINESS OR
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after de 3. Give I alang w with the eath.	3	36 USUAL RESIDENCE (Where deceased lived, f institut an Residence before 13c CITY OR TOWN, 13d HSIDE CITY LIMITS? 13e STREET AND NUMBER
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	I.	OTTA Shape BERTIE Schweinlei
hin 24 moil in miser's pages howrs	h	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17, INFORMANT 71 ADDRESS /
	ľ	(Yes se of upknown) (it yes go water dates of service) 196-13-9741 Esther Stuff
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shauld be en word "per a the Chief burial-transit in any ever	ı	stoting the underlying cause DUE 10, OK AS A CONSEQUENCE OF
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EXAMINER: ute the certi age 4 shauld yaur files. Page 3 shou	П	WHILE NOT WHILE TO TOTAL STATE (COLORY, Office building, etc.)
	1	AT WORK AT WORK
ICAL E executor. Po ed far CTOR: burial,	1	220 I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion
dise rector rect	-	deoth resulted from: Notural couses 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌
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MARYLAND STATE DEPARTMENT OF HEALTH



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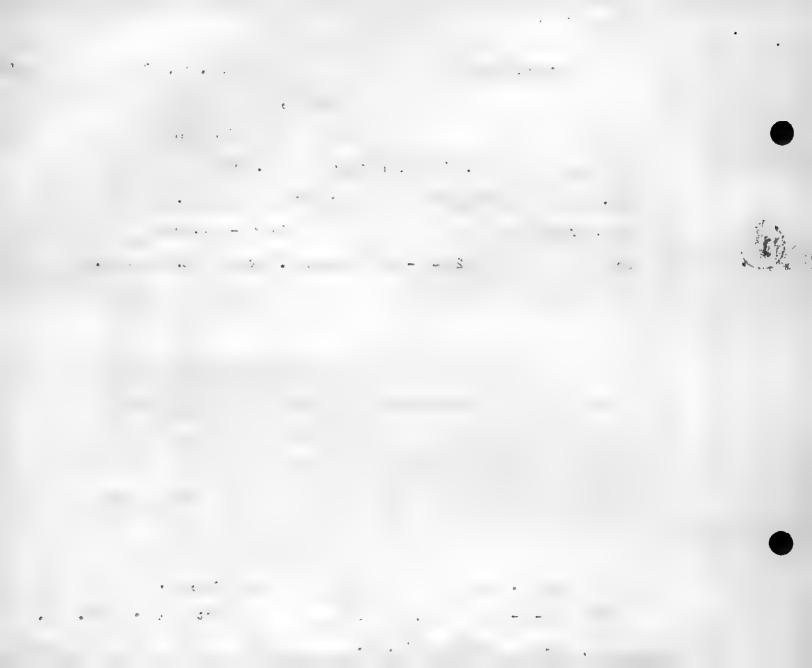
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16100 16114 CERTIFICATE OF DEATH First Middle Last 2a. DATE OF DEATH 2b. HOUR DECEASED-NAME 24 haurs after death (Type or print) Month Year Abraham Treen 68 4. RACE IF UNDER ! YEAR 3. SEX S. DATE OF BIRTH 6. AGE (in years last birthday) HOURS White 2 YRS 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED in by equatry) Montgomery U.S. WIDOWED [DIVORCED [KU551 a 13 NAME OF HOSPITAL OR INSTITUTION (If nat in hospital give street address) Ho V Cross Hosp, 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even Treffred NOUSTRY 130 USUA, RESIDENCE (Where deceased lived, if institution; Residence before 13d JASIDE CITY LIM TS? 13e STREET AND NUMBER 113c, CITY OR TOWN requires that the death certificate be executed MONTT CHER SIWER SPRINGER 9708 FIRST ANE. buriol, cremotion, or removol, and in ony 14. FATHERS NAME 15. MOTHER'S MAIDEN NAME First Middle Firs† Middle Last UHKHOWN UNKHOWN 16b SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? BALFOUR S. GREEN BLAT If I ves give wor or dates of service) Yes, no. or unknown) APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by the buriof-tronsit p Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY2 21) Pentones Alxens CAUSES OF DEATH? YES [2] NO T 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No State 21d INJURY OCCURRED City or Town County While Not while at wark at wark 220. I certify that (1) (this hospital) ottended the deceased from 10 4 - 61, 19 ..., to 11-3-, 1967, that (1) (we) last sow the deceased alive an 11-3-63-19 ..., and that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove (I) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. DEGREE DIRECTOR 22e. ADDRESS 22d, PHYSICIAN'S NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Fown) (State) (County) 23a. BUR AL, CREMATION 23b. DATE Ohev Shotom Talmud Torah Cemetery Washinaton. ADDRESS 232 Carroll 250. RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Donald M. Stein VR A15 (4) St., N. W. Wash., D. GATE Hebrew Memorial Funeral Home 30M REV 1/68

MAKTLAND STATE DEPAKTMENT OF HEALTH



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a 5/5 E		JAMES	R. EREENFIE	W ELIZ	ABETH M	GROSS
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adir bee th iar 1	10IV	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20g AUTOPSY?	206 IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The law ratemaing that been been as the the priarta	CERTIFICATION			YES 🗀	NO CAUSES OF DEATH?	
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DING PHYSICIAN by the haspital ifter this certifice be defached for	WED	21d INCIRY OCCUPRED 121e	PLACE OF INJURY (AT HOME FARM STREET I		R.F.D. No. City or Town	County State
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A SE LEGIS		226 SIGNATURE	a / 1	M. P ATTENDING DEGREE PHYS	MED STAFF 22x	DATE SIGNED
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MAY MAY Petil Peti		22d. PHYSICIAN'S NAME (Type) Alla	B COHAN	m - 2 22e. ADDRESS	Lines And	5 6 1 1
변수 변경구 기					SUBJULA NOC	1.0 M.J.
O HOS Page 4 Girect Shaul	23a	BUR AL, CREMATION, 23b		F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caurty) (State)
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VR A15 (4)	12	FUNERAL DIRECTOR	C of ADDRES	250.	REC'D BY REGISTRAR S	SIGNATURE
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	-	MARYLAND STATE DEPARTMENT OF HEALTH
	-1	16099 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
The state of the s	-1	LEUUUU CERTIFICATE OF DEATH 16113
£ 47€		DECEASED NAME First Middle Lost 20 DATE OF DEATH 25 HOUR
		(Type or print) Lucy Tapp Gregg Nov. 11, 1968 Year 10:25
	- 1	3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF SHORR 4 YEAR 145 UNDER 24 HRS.
B 200	- 1	F W July 13, 1890 Ost 1, Sthday) YRS. MONTHS DAYS HOURS MIN.
by by		70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country)
4 h d in pers. 72 h		Virginia USA WIDOWED X DIVORCED Montgomery Md
fille in bin in		10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
completely filled in by the fanction over carban papers. Pages Frankly y event, within 72 hours after death	⁰ [Woodfield greet and greet
ed ed car		130 USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 13b CQUATY 1 YES 100 NO. 13d. INSIDE CITY LIMITS?
compose / eve	/ 1	Montgomery Gaithersburg Rt. #1
o e g		14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate executed within 24 haurs Page 4 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the buriol-fronsit permit. Then please remove carban papers. Postouid be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 houss		James Richard Tapp Lucy - Edwards
15 E E E	- 1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If you give wor or dates of service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address
phy en en oval		no 217-48-8382 James N. Gregg Mt. Airy, Md.
OR ATTENDING PHYSICIAN: The law requires that the death certification be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician is 3 should be detached for use as the burial-tronsit permit. Then please ed with the State Dept. of Health prior to burial, crematian, ar remayal, and it		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PARY I, DEATH WAS CAUSED BY:
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affi affi an,	- 1	DUE TO, OR AS A CONSEQUENCE OF
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equires physicic stand la signed la buriol-tr	- 1	last. (c)
Ph Sig	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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e le le la	4	196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO CAUSES OF DEATH? 21g. ACCIDENT WAS UNDERLYING 121b. Time OF INJURY 121c HOW INJURY OCCURRED (Enter nature of injury in Part 2 at Part 2. Item 18.)
e h d d d d d d d d d d d d d d d d d d	7	YES NO NO NAME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 1B)
al al al for the Heat	- 1	
SIC sprit erriil ed	- 1	Growtributing Cause of Death HOUR A.M Month Day Year [If either, notify medical examiner) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State
PHY e ho nis c tack	- 1	21d INJURY OCCURRED While At work of Injury (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at work
de de la cote l		22a. I certify that (I) (this hospital) attended the deceased from 4/9 1965, to 1/1/1, 1965, that (I) (viertast
Africa Africa	ı	saw the deceased alive on 11/11/22, and that in (my) (bod-apinian death accurred on the date and hour and from the
OR:	- 1	causes stated above, (I) ((did) (the tut) view the bady after death.
A ST CHE WE	П	226 SIGNATURE 226 SIGNATURE DEGREE PHYS DIPPLICABLE SIGNED 220 DATE SIGNED 1/1/2/68
DIR ed	_	DEGREE PHYS. L. PHYS. L. PHYS.
TAI nay AI poor	71	22d. Physician's NAME (Type) James P. Kerr 22e. ADDRESS Damascus, Md.
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-troshould be filed with the State Dept. of Health prior to burial, cree	'	October 1 1011
S age of the second sec		230. BURIA, CREMATION REMOPHING 11-14-68 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Laytonsville Laytonsville Mont. Md.
F - E	1	24 FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE
VR A15 (4) 30M REV 1/68		Francis H. Barber Laytonsville, Md. DAIE NOV 14 1968 Charles Judge
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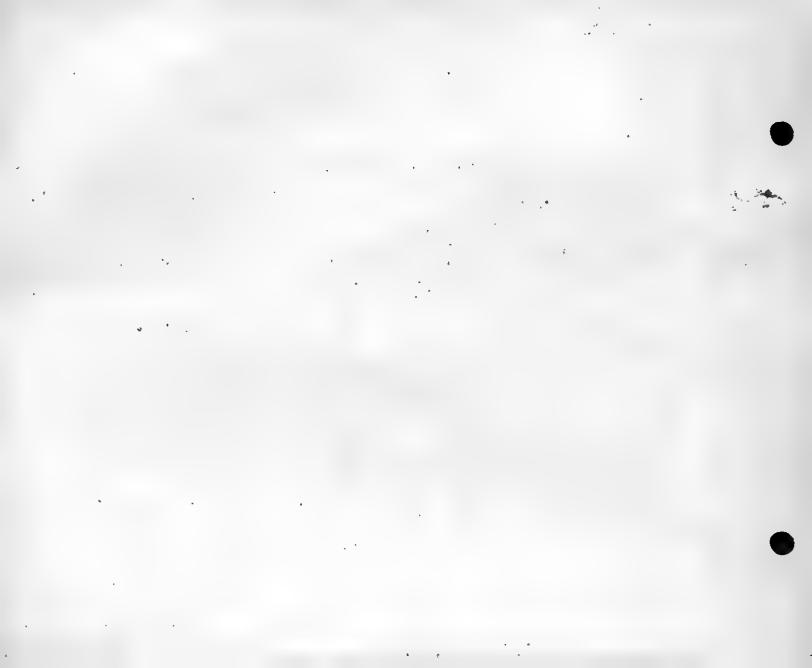


1 1	MARYLAND STATE DEPARTMENT OF HEALTH	
ron char	16107 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6115
FUK SIARE	1 DECEASED NAME First Middle Lost 2a DATE KNOWN Middle Day	Year 2b HOUR
TEALITA DERIV	(Type or Print) Ernest Eugene Hackey DEATH MATED A NOW- 19	2
3 ta 3 ta Page	3 SEY A RACE S DATE OF RIPTH A6 AGE (In years I IF UNDER 1 YEAR I IF UNDER 24 MRS 20 DATE PRONOUNCED DEAD	2d HOUR
ty delay is page PM3 Page PM3 Page artment of	M. Negro 12-13-1935 32 YRS MONTHS DAYS HOURS MIN. Month No. V Day 19 Y	ear 39 C8 8 A .W
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6 6 1 S	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
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hin 24 ncil in niner's pages hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	ALL OF THE SA
	(Yes, na, or unknown) (If yes give wor at dates at service) 220-34-9001 HARVLY HACKEY, CLARKESturg,	md
suld be executed with vard "pending" in per chief Medical Exanal-transit permit. File any event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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exe endi : Me it pe	DUE TO, OR AS A CONSEQUENCE OF	10.0
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bical examiner: This certificate shauld be eplease execute the certificate, writing the ward "pendirectar. Page 4 shauld be forwarded to the Chief Netained far your files. DIRECTOR: Page 3 shauld be used as a burial-transit ar ta burial, crematian, or removal, and in any even	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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Crar ctar ctar but	death resulted fram: Natural causes 🔀, Accident 🗍, Svicide 🔲, Homicide 🔲, Undefermined manner 🗌	
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7 .5 .3	THE STATE OF THE S	19.1968
o DEPUTY DIC. necessary, please a the funeral director 5 may be retained 5 FUNERAL DIRECT Health priar to bu	ADDESS/Street city town or county! Retired to	
to DEPUT necessary the funer 5 may be 60 FUNER/ Health p	230 BUR AL CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Coun	
~ ()	Burial 11-23-1968 Fairview Frederick Fred.	Me
M	24 FUNERAL DIRECTOR ADDRESS 250, REC D BY REG STRAR 256, REGISTRAR S SIGNA	TURE
VR ATSME (S)	C. F. Hicks 111 Fraderick Md DAF MOU 2 5 1969 Chor	las Judge

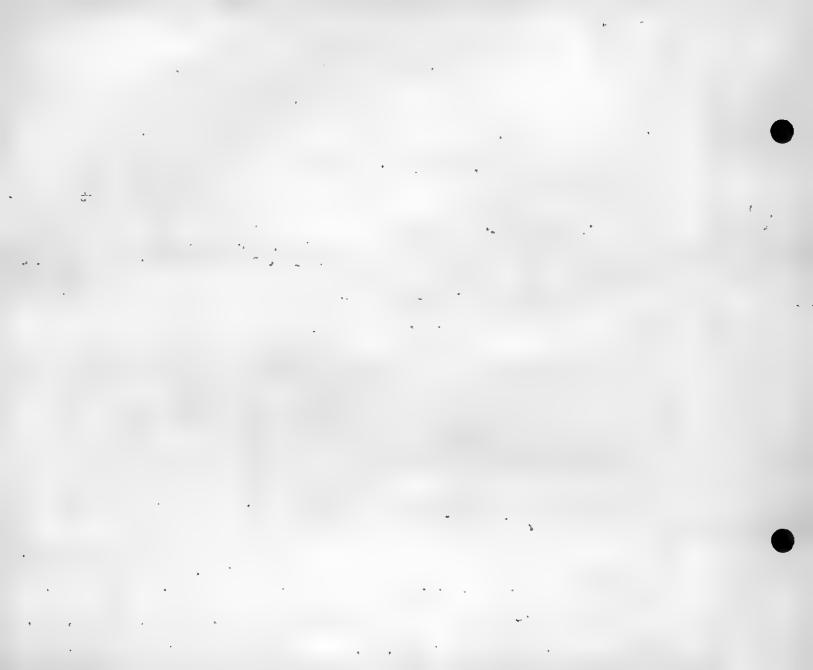




MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 161:1 16103 CERTIFICATE OF DEATH 2b. HOUR Middle Last 2a. DATE OF DEATH DECEASED NAME First and 2 death. be executed within 24 haurs after death. NOVEMBER uneral (Type or print) 1988 JACOB HAKE 1F UNDER 1 YEAR IF LINDER 24 HRS. 6. AGE (in years 4. RACE S. DATE OF BIRTH 3 SEX Male White 10-4-1880 last birthday) DAYS HOURS YRS. 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED country) Penna, Montgomery County IJ S A DIVORCED [WIDOWED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired)
Cons. Engineer INDUSTRY VALLEY NURSING ROCKVILLE Construction 130 JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e, STREET AND NUMBER 100 136 COUNTY YES Z 812 Madison St., N. W. Jashington In any 15. MOTHER S MAIDEN NAME First Middle 14 FATHER'S NAME Middle Last First Daniel. Hake Anna Jane Wagner Address 16b. SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yestap, ar unknown) (If yes give wat or dates of service) unknown Olive M. Hake 812 Madison St., N. W. burial, crematian, ar remaval, certii 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (of.) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: OR ATTENDING PHYSICIAN: The law requires that the death IMMEDIATE CAUSE (a) arterior chiron (anditions, if ony, which gave) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the undersying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 19g. DATE OF OPERATION CAUSES OF DEATH? YES | NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a, ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year State 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. Na. City or Town County 21d INJURY OCCURRED While Nat while at work 15 19 10-7, to Nov 10, 19 60, that (1) (we) last 220. I certify that (I) (this hospital) aftended the deceased from from saw the deceased glive on 64 19 65 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22h SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BUR AL CREMATION 23b. DATE REMOVAL (Specify) Cedar Hill Cemetery 24. FUNERAL DIRECTOR Obert E. Wilhelm Funeral Home 4308 Suitland Road, Suitland, Maryland REGISTRAR'S SIGNATURE VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH



. 1 1		MARYLAND STATE DEPARTMENT OF HEALTH
# FOR STATE		16105 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	1 0	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME First Maddle Last 20 DATE KNOWN Manth Day Year 2b HOUR OF ESTI-
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delay ond 3 M3. Poi tment	3.5	lost birthdoy) MONTHS DAYS HOURS Mile. Marsh A
uny delay 1, 2, and 3 m PM3. Po Deportment		emale Va ucasian 7 74-3 3 /6 yrs.
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		Kay: 13. Hanna Vivian A. JOHNSTON
.= 3		WAS DECEASE (1/24 A) U. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Father ADDRESS es, na, or unknown) (Hyses give wor or dates all service)
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ted of E it. F hin		18 CAUSE OF DEATH (Enter only one couse per pa-for (q), (b), and (c)) PART I. DEATH WAS CAUSED BY APPROXIMATE WITERVAL BETWEEN ONSE! AND DEATH
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send bend if M sit p		Canditions, if ony, which gave)
d be d "I Chie rran: y ev		nse to immediate couse (a), (b) Silver silver and contact the silver sil
should be en word "pe to the Chief buriol-transit		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
the state of the late of the l		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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ICAL EXAMINER: execute the certion. Page 4 should at for your files. CTOR: Page 3 should buriol, cremation,		22a. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection Inquity [2] and in my opinion
bicat blease exe director. P etoined fo DIRECTOR		death resulted from: Natural causes Accident N., Suicide I., Hamicide I., Undetermined manner I.
please I direct		ACTUAL CHIEF MEDICAL EXAMINER
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necessory, please execute the the funeral director. Poge 4 si 5 may be retained for your fi 10 FUNERAL DIRECTOR: Poge 3 Health prior to buriol, cremo	23a	BUR AL, CREMATION, 236 DATE 230 NAME OF CEMETERY DR CREMATORY 230 LOCATION (City of Town) (County) (State)
		Burial 11-27-68 Parklawn Cemetery KKX Rockville, Maryland
(MX)		FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE.
VR A15ME (5)	K	BERT A. PUMPHREY, Bethesda, Maryland DEC 1968



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210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)	210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED. (Finer nature of injury in Port 1 or Port 2 Item 18.)	
폭등 일으로 링	To 을으로 링 _ OR CONTRIBUT NG _ CAUSE OF DEATH HOUR A.M. Month Day Year	
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d INJURY OCCURRED While Not while at work at work at work 220. I certify that (I) (this hospital) attended the deceased from 19 21d INJURY OCCURRED While At work at wo	Uff either, notify medical exominer) P.M. 1915	60.00
21d INJURY OCCURRED While Not while Not while 121e. PLACE OF INJURY (At HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote	Yid INJUST OCCURRED 216, PLACE OF INJUST OF IN	Stote
at work at work	at work at work	
220. I certify that (I) (this hospital) attended the deceased from 19 1, 19 1, to 19 1, to 19 1, that (I) (we) I saw the deceased alive on 19 2, and that in (my) (our) opinion death occurred on the date and hour and from the date and hour and the date and hour and from the date and hour and the date and hour and the date and hour and the date and the date and hour and the date and hour and the date and	220. I certify that (I) (this haspital) attended the deceased from 1, 1967, 10 24, 1967, that (I) (we	wel last
saw the deceased alive on 1994, and that in (my) (our) opinion deoth occurred on the date and hour and from t	saw the deceased alive on 1994, and that in (my) (our) opinion deoth occurred on the date and hour and from	
causes stated abave, (I) (we) (did) (did nat) view the bady after death.	Causes stated above, (i) (we) (aid) (aid hat) view the bady after death.	rom the
- 52 c = 1 m m m m m m m m m m m m m m m m m m	226. SIGNATURE 226. DATE SIGNED 37AFF 226. DATE SIGNED	rom the
22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED	DEGREE PHYS DIRECTOR PHYS DIRECTOR PHYS	rom the
Saw the deceased drive on 190 y and that if (my) (bur) apinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. Signature DEGREE ATTENDING DIRECTOR STAFF PHYS DIRECTOR PHYS D	Z2d. PHYSIGIANS (2) A N I S (2) C (22c, ADDRESS) 9 C	rom the
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22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGN	P 230 BURIAL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)	rom the
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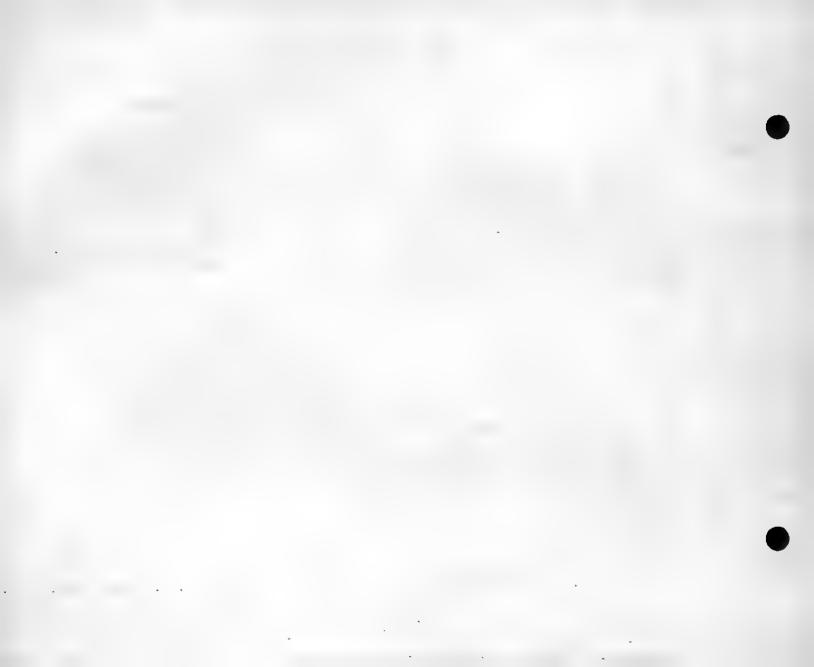


1 16107		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH	MORE, MARYLAND 21201	1613.
1 DECEASED NAME First		Lost	20 DATE OF DEATH	2b. HOUR
(Type or print) Ki	m Maureen	HARRINGTON	Nov. 12 Day	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS NOURS MIN.
Female	Caucasian	Nov. 6, 1966	6 lost birthday) YRS.	MUNITIS DATS ACCES MIN.
70 BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
country) Virginia	USA	WIDOWED DIVORCED	Montgomery	Md.
10. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR INS	ITTUTION (If not in hospital 120. USUA during mo	L OCCUPATION (Kind of work done of working life, even if retired)	125 KIND OF BUSINESS OR INDUSTRY
13c USUAL RESIDENCE (Where deceo- odmission) STATE Virgini	ed lived, if institution Residence before a 13 Prince William	lac, CITY OR TOWN 3d INSIDE CITY LIV		Drive. Apt.11
14. FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME FI	irst Middle	Lost
James Wil	liard Harrington	Sherry I	Lynn Polonis	
160. WAS DECEASED EVER IN U.S. ARM	AED FORCES? 16b. SOCIAL SECURITY N	IO. IT. INFORMANT Apt. 11	L, Woodbridgeddress	Virginia
Yes, ngnok unknown) (If yes give v	var ar dates of service) None		rington 77 River	View Drive
18. CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CALISE		heart disease		
746	DUE TO, OR AS A CONSEQUENCE OF			
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rise to immediate couse (a), stating the underlying couse((b) DUE TO, OR AS A CONSEQUENCE OF			
last.	(d)			
PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(a)	
757.0				
	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
		YES 😿 NO 🗌	CAUSES OF DEATH? Yes	
		21¢ HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Port 2,	Item 18.)
G OR CONTR BUTING CAUSE OF DEAT (If either, notify medicol exomi	TH HOUR A.M. Month Doy Yeor ner) P.M. 19			
21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME FARM, STREET, FAC	TORY,) 21f LOCATION Street or R.F.D No.	City or Town	County State
22a. I certify that XI) (th	is haspital) attended the deceose	od from Nov 8 , 19 6 900 , and that in (my) (our) opi	28 , to NOV. 12 , 19	68 , that (PF(we) los
saw the deceased a	live on Nov. 12	900, and that in (my) (our) opi	nion death occurred on the do	te ond haur ond from the
couses stated abave	e, (1) (we) (did) (did 16%) view the	body atter deoth.		
22b. SIGNATURE	y H Salle			ov. 13, 1968
22d. PHYSICIAN S NAME (Type)	H-CAPIES M	22e ADDRESS Naval Hosp	oital, Bethesda,	Maryland
230. BURIAL, CREMATION, 23b	6 Nov. 68 Brooks	CEMETERY OR CREMATORY ide Memorial Cemete	23d. LOCATION (City or Town) ry Houston,	(County) (State) Texas
24. FUNERAL DIRECTOR Champing Mo	ale Montal ADDRESS untcastle Funeral	Home, Woodbridge	V REDISTRAR 19886. REDISTRARS	SIGNATURE COMPARE

MAKTLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1612~ CERTIFICATE OF DEATH Middle DECEASED-NAME 2g. DATE OF DEATH (Type or print) 0819 4. RACE 6. AGE (In years last birthday) 74 XXXXXX S. DATE OF BIRTH F JINDER I YEAR ZHTAOM Caucasiar 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign DIVORCED WIDOWED [filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon-pay shauld be filed with the State Dept. af Health priar ta burial, tremation, or removal, and in any event, within 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a USUAL OCCUPATION (Kind of work done durina mostrofa Wheaton attending physician and campletaly sermit. Then please remave carban 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER law requires that the death certificate be executed admission) STATE Rockville 14. FATHER'S NAME Middle ✓ .ast 15. MOTHER'S MAIDEN NAME First First John Hart Hannah O'Connor 17 INFORMANT Address Rockville, Md. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. No no, or unknown) (If yes give war or dates of service) 79-60-1681 Catherine Chamberlain 257 Congressional 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b) and (c),
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) signed by the attendir burial-transit permit. Candit ans, if any, which gave) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? 21b TIME OF INJURA TIC HOW INJURY OCCURRED (Enter noture of miury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING THE CAUSE OF DEATH HOUR A.M. PA If e ther, natify medical exominer) 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. INJRY OCCURRED State City or Town County Whee Nat while 22a. I certify that (I) (this haspital) attended the deceased from U 22c DATE SIGNED DIRECTOR 22e. ADDRESS Stuart Lyddane NAME (Type) 3066 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION 9t. Lincoln Cemetery Prince Georges. 1-19-1968 ADDRESS Silver Spr. Mdsa REED BY REGISTRAR VR A15 (4) Inc. 8434 Ga. Avenue 30M REV, 1/68 Pumphreu.



,	1	MAKTLAND STATE DEPARTMENT OF HEALTH
-42		16103 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16103
<i>p</i> -		CERTIFICATE OF DEATH
: 23 :	1 0	PECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR
2 to Topis		Month Day Year
after death		DEATRICE J. AAUSER 1/27 68 178M
for the fer th	3. S	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I HARS IN HOUSE) MIN MONTHS GAYS HOURS MIN
ris after death		FEMALE White 1-30-99 lost birthday) YRS. MONTHS GAYS HOURS MIN
by by	7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
completely filled in by the lave corban papers. Pages y event, within 72 hours after	ccin	Trid. USA WIDOWED DIVORCED Mon toom Eng Contr. Md.
24 State of the st	10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION Kind at work done 12b K.ND OF BUSINESS OR
重量/	100	during most of working life, even if retired.) INDUSTRY 1,
refy wit	2/	
Ple of		USUAL RES DENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13d III, SIDE CITY LIMITS? 13e, STREET AND NUMBER 113b, COUNTY 15 YES NO 15 AND 1
ow ow	- Can	My. MONTGOMERY SILVER PRINCE 8709 FINEY DRANCK KC.
o de de la	14.	FATHER'S NAME First Middle Cost IS MOTHER'S MAIDEN NAME First Middle Last
physician and completely filled in by then please remove corban papers. Panovol, and in ony event, within 72 hours		WILLIAM SCHMITO AND OVERHAUSEN
ign day	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. of unknown) (If yes give war of dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 8704 PINEY Address ANCH RD.
Vsic Office		Yes, no, ar unknown) (Il yes give war or dates of service) 5/79-09-6258 WILLIAML HAUSER SILVER SPRING, MD
ph ph	\vdash	
h is me		18. CAUSE OF DEATH (ther only one cause per line for (a), (b), and (c)) BETWEEN CAUSE OF DEATH (there only one cause per line for (a), (b), and (c))
ent and or r		IMMEDIATE CAUSE (0) Oram rosative Jehsis. Psandamones. Weseks +
office of office on,	1	DUE TO, OR AS A CONSEQUENCE OF
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hat n. ans em	1	rise to mmed of a cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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quires the physician. signed by burial-tra	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
The low requires that the death certificate or otherding physician. The been signed by the attending physicianse os the burial-transit permit. Then pleath prior to burial, cremation, or removol, an		204, 3
The low re ottending has been see os the Ith prior to Ith	5	O U TO LOS OFFICIAL CONTINUES AND A CONTINUES
os price	3	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The otte	CERTIFICATION	YES NO NO CAUSES OF DEATH?
In a cate		
State of the state	MEDICAL	GR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Yeor [If either, natify medical examiner] P.M. 19
YSI Cer.	뿧	
TENDING PHYSICIAN ined by the hospital conficulty. After this certificational be detached far the State Dept. of Hee	1	While Not while at work of wark
orte de		220 Leastify that /11 (this hospital) attended the deceased from 2 5 5 multin 19 / 7 to No. 4 27 19 60 that (1) (wa) last
A 45 25	1	22a. I certify that (I) (this haspital) attended the deceased from Jesusay, 19 47, to Nov. 27, 19 68, that (I) (we) lost saw the deceased alive on Nov. 26, 19 68, and that in (my) (aur) apinion death occurred on the date and hour and from the
# Page #		couses stated above, (I) (we) (did) (did not) view the body after deoth.
14 音 5 発 音		22b SIGNATURE (II) 22c DATE SIGNED /
DR. G. W.		A DEGREE PHYS DIRECTOR DIRECTO
y b b b b b b b b b b b b b b b b b b b		22d. PHYSICIAN'S 22e. ADDRESS
Page 4 may be retained by the hospital or ottending physician. For FUNERAL DIRECTOR: After this certificate been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health pror to burial, cremation, or removal, and in any event, within 72 hours after death		NAME (Type) 4440 G. GRAZIANI 70- 10101 GEORGIA AUE. SS. 72.
OS 4 INE	72.	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
H D D S S S S S S S S S S S S S S S S S	230	REMOVAL Brillial 11/30/68 Gate of Heaven Cemetery Silver Spring, Maryland
5 5	7.4	A STATE OF THE PROPERTY OF THE
VR A15 (4)	24.	1.W CEE 17 0434 9EDT WELL 110E.
SOM KEY 1748 N		Warner E. Pumphrey, Inc. Silver Spring, Md. DATDEC 3 1968 /Clipples Yusan



, 1	Items 18&22a Film 406 MARYLAND STATE DEPARTMENT OF HEALTH 11-21-68amsDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	101
FOR STATE:	16110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	124
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 20. DATE KNOWN Month Doy	Yeor 2b HOUR
Oy is 3 to Poge	(Type or Print) OF ESTI- DEATH MATED November	1188 3 AM
d 3 y	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years I IF UNDER I YEAR I IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
ny deloy 2 and 3 PM3 Po partolent	Female White July 19, 1891 77 YRS November 3.	19 68 3 AM
5 7 E	70 B.RTHPLACE (Stote or foreign 75 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
te for	North Carolina Montgomery Wooder Montgomery	Md
ofter death 8. Give Poges o-ong with for with the State	give street address) during most of working life, even if refired.) INDUS	CIND OF BUSINESS OR
er o	Takona Park Washington San. & Hospital Housewife CW 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. MSIDE CITY LIMITS? 13e. STREET AND NUMBER	IN HORNE
s ofter 18. Gi 18. cong 2 with death	odmissor) STATE (no list country lary and list country Takoma Park YESE NO LO3 Clayborn Aven	1116
hours ofter death Item 18. Give Pag Office orang with Iond 2 with the Sta	14. FATHER'S NAME First Middle Whiteer 15. MOTHER'S MAIDEN NAME FIr Candare Middle Ham	
	James Wirthold Vandres	ANGERO PER
hin 24 ncil in niner's pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Maryland
wit pe xar xar 72	(Yes. no. or unknown) (if yes give wer or defies of service) 578-10-5333- Grady Hefner 403 Clayborn Ave. Tak	coma Park,
ed to	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding' ir Medicol I permit. it within	PART I DEATH WAS CAUSED BY Acute coronary insufficiency; , immediate cause (d) Acute coronary insufficiency;	
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d b Chie	rise to immediate couse (a),	
e should be the word "pel to the Chief to buriol-tronsit	stoting the underlying couse DUE 10, UK AS A CONSEQUENCE OF	
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This into te, be for a d be u	THIS PERIODINEU!	YES NO
# T P P	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PORT 2, Item 18 PRIMARY OR CONTRIBUTING HOUR A M.)
bical examiner: Toleose execute the cert fice director. Page 4 should be etained for your files. DIRECTOR: Page 3 should or to burial, cremotion, or	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. C ty or Town Cou	inty Stote
	WHILE NOT WHILE AT WORK AT WORK	1018
ICAL EXA execute for. Poge ed for you CTOR: Pog burial, cru		ond in my opinion
blca oleose ex director. etained (DIRECTO or to bur	death resulted from Natural causes 🖾 Accident 🗍 Suicide 🔲 Homicide 🔲 Undetermined mariner 🗋	
pleose e l director retained L DIRECT	ACTUAL CHIEF MEDICAL EXAMINER	
ry, ple eral di be refu prior	SIGNATURE AND ASSISTANT MEDICAL EXAMINER (20) DATE SIGNAL	1 - 1
	EXAMINER'S TO SELLY MED CAL EXAMINER (Type) TO MAKE	1468
TO DEPU necesso the fun 5 moy TO FUNE	230 BURIAL CREMATION 236 DATE 236 NAME OF CEMETERY OF CREMATORY 23d OCATION (City of Town) JOSEPH	tv) (State)
	REMOVAL (Specify) Nov. 4, 1968 It Lincoln Cemetery Prince George Com	rty, Md.
WW .	24 FUNERA. DIRECTOR 25b. REGISTRAR 25b. REGISTRAR'S SIGNAT	
VR A15/4//5)	X MAXWarner E. Pumphrey, Inc. 8434-Ga. Ave. S.S. Majorth NOV 7 1968 Clienter	Judas.



1 1		MARYLAND STATE DEPARTMENT OF HEALTH	4 1 5
FOR STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10125
HEALTH DEPT.			Doy Yeor 2b HOUR
	((ype or Print)	24 1968 12 AM
any delay is 2, and 3 ta PM3 Page	3. S	X 4. RACE S DATE OF BIRTH 6. AGE (in years if under 24 HPS 2c DATE PRONOUNCED DEAD	2d HOUR
Pod Paris		Male W Sept. 3, 1951 17 yrs	Yeor 1968 8 3- M
, m , Q	7o coun	SIRTHPLACE (Store of formign 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH TY) Colorado : . U. S. A. WIDOWED DIVORCED Mont gomen	11
ges faire	70 (Md. 126 KIND OF BUSINESS OR
bical Examiner: This certificate should be executed within 24 hours after death se execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, extor Page 4 should be farwarded to the Chief Medical Examiner's Office along with farmined far your files. RECTOR: Page 3 should be used as a burial-transit permit. File pages (ag 22 with the State Deburial, cremation, or removal, and in any event within 72 haurs after death.			NOUSTRY
s after 18. Giv a along with t death.		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN, 3d INSIGE CITY LIM 159 3e STREET AND NUMBER	
hours after tem 18. Gi Mire along og 12 with fter death.	<u> </u>	TOTAL TOTAL TO THE	Avenue
hours them I office of the off	14 8	ATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Ben jamin Heinze D. Marie An	Lost
thin 24 mill in miner's pages haurs	160	Benjamin Heinze D. Marie An	derson
INER: This certificate should be executed within 24 e certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages aftian, or removal, and in any event within 72 haurs.		es. no or unknown) (Il yes give war or doles of service) 561-84-471 Parents Jame	
firate shauld be executed willing the ward "pending" in perded to the Chief Medical Exarded to a burial-transit permit. File I. and in any event within 72		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVA, BETWEEN ONSET AND DEATH
pe executed pending" isf Medical insit permit.		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) CETEBER HEAD HEMOTThoge	Sudden
e ex pend ef M sit p		Conditions, if only, which gove) The Rupture of Berry Aneurysm-	
Nd b		rise to immediate couse (a) (b) // DPTO C FT ISETTY ATTREBUTY STATE OF STATE OF THE COUSE OF THE COURT OF THE	
shau the urial in al		lost.	
a b a b and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	·
tifica riting arde d as d as	NO	10. DUT OF OPPORTUNI	Les masses
farw farw	FICATI	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO NO
This icate be be or re	CERTI	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter not are of injury in Port 1 or Port 2, Item	
TY DICAL EXAMINER: This certificate shauld be executed with please execute the certificate, writing the ward "pending" in persal director Page 4 should be farwarded to the Chief Medical Example retained far yaur files. **AL DIRECTOR: Page 3 should be used as a burial-transit permit. File priar to burial, crematian, or removal, and in any event within 72.	MEDICAL CERTIFICATION	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
MIN the 4 sh r fill r fill r fill r mat	ME	21d. INJURY OCCURRED WHILE NOT WHILE (1) Office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
DEPUTY DICAL EXAM seessary, please execute the funeral director Page 4 may be retained far yaur FUNERAL DIRECTOR: Page saith prior to burial, crem	.	AT WORK AT WORK	
cal E execusive Popular Porial, urial,		22a certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry Accident Suicide Hamicide Undetermined manner	and in my opinian
please e please retained L DIRECTOR		death resulted fram: Natural causes 💢, Accident 📋, Suicide 📋, Hamicide 📋, Undetermined manner L	
ol di di ni retr		ACTUAL SOCIETY S. Balk ASSISTANT MEDICAL EXAMINER 226 DATES	and the second s
PUTY Sary, Unera y be VERAI h pri		EVAMINEDIS TO DE BATTE TO BE TO BE TO THE STANING TO NOV / 2	5,1968
o DEPUTY DICA necessary, please e. the funeral director 5 may be retained O FUNERAL DIRECTO Health priar to bu	220	NAME (Type) Bether a Party Address(Street, city, town, or county) BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	
5		BUR AL CREMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 11/27/68 Tockville Rockville Mont	(County) (Store) の Ed.
	24	FUNERAL DIRECTOR 1 PADDRESS C'S 250 REC'D BY REGISTRAR 250 REGISTRARS S	GNATURE
VR A15ME (5)	ye	on Theeler Fune 1 ioms noctiville, Md. DATE NOV 27 1968 golow	las Judge



MAKTLAND STATE DEPAKTMENT OF HEALTH





4 M	MAKTLANU STATE DEPARTMENT OF HEALTH	1001
- 171	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21 CERTIFICATE OF DEATH	16123
Zhours after death.	I. DECEASED-NAME First Middle Lost 20, DATE OF DEATH	2b. HOURAN
	(Type or print) James Claggett Holland November	18 1968 11:05
		BOTS IF UNDER YEAR HE UNDER 24 HRS
	3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (In y lost birthdom) Male White 18 February 1901 67	YRS. MONTHS DAYS HOURS MIN
	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH	
	Maryland USA WIDOWED DIVORCED Montgo	mery Md.
l	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12c. USUAL OCCUPATION (Kind of wor	k done 12b KIND OF BUSINESS OR
	Bethesda Give street address The Clinical Center, NIR Business Execution Business Exe	etired.) INDUSTRY
	130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUI	
	TAX TAKE	pherd Street
1		Aiddle Lost
	Claggett S. Holland Ella	Martin
	1 (I)	ddress
		APPROXIMATE INTERVAL
equires that the death certificate physician signed by the attending physician burial-transit permit. Then please burial, crematian, or remayal, and i	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY	BETWEEN DRISET AND DEATH
	IMMEDIATE CAUSE (o) CAPACIOTES DITACOTY TALLIUTE	3 hours
	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	0.3
	rise to immediate couse (a). (b) DEDETA	2 days
	storing the underlying couse DUE 10, OK AS A CONSEQUENCE OF lost. (c) Acute lymphocytic Leukemia	13 years
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a	
	The state of the s	'}
	190, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FI	NDINGS CONSIDERED IN CERTIFYING
Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept of Health priar ta burial, crematian, or remayal, an	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 11/4/68 perforated viscus 200. IF YES, WERE FI CAUSES OF DEATHY 201. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 201. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 202. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 203. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 204. AUTOPSY? 205. IF YES, WERE FI CAUSES OF DEATHY.	es
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor [If either, notify medical exominer] P.M. 19 21d INITIAL OCCURRED 121e PLACE OF INITIAL AT HOME FARM STREET, FACTORY, 1/21f 10CATION. Street or R.F.D. No. City of Town	
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM. STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town While - Not while -	County State
	at work at work .	
	220. I certify that ** (this hospital) ottended the deceased from 2 Nov. , 1908 , to 18 Nov. sow the deceased alive an 18 November 1908 , and that in 1908 (our) opinion death accurred or	, 19_00 , that (f) (we) last
	sow the deceased alive an 10 hovember 190, and that in 199) (our) opinion death accurred or causes stated obave 20k (we) (did) (2000) view the body after death.	the dote and hour and from the
	22b SIGNATURE .	224. DATE SIGNED
	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECTOR PHYS STAFF	
	22d. PHYSICIAN'S 22e. ADDRESS The Clinical Cer	iter, National
	NAME (Type) Brian Goodell, M.D. Institutes of Realth, I	Bethesda, Maryland
	230. BURIA., CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or To	wn) (County) (Stote)
T Z		e. Maryland
	2 27 2	GISTRAR S SIGNATURE
	ROBERT A. PUMPHREY, Bethesda, Maryland DATENOV 2 6 1968	Charles Judge

4.5.00 6 10 1 THE LABOR TO SERVICE AND ADDRESS OF THE PARTY OF THE PART 97) The true is in the control of the interest of the control of t 5 . 5 active state of the could restly the second state of the second hausen a day and Manual Commence yeallering the term of the Cli is. the second secon distribution and C 20 1 91 included the second of the

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6		16115 °		ERTIFICATE OF DE	T, BALTIMORE, MARYLAND 21201 EATH	1612.
death. eral and 2 death		ASED NAME First e ar print) NORA	M ddle AGNES	HOLLAND	20 DATE OF DEATH Month	1968 Yeor 2 1920
24 hours after death.	3 SEX	emale	4 RACE Cauc.	S DATE OF BIRTH	6 AGE (in years lost birthday)	E JNDER I YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS M.N.
lie by dours	70. BIR	THP_ACE (Stote or fore.gn 7b	U. S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	
E E	Ro	OR TOWN OF DEATH	Potomac Val	lev Nur Home	120 USUAL OCCUPATION (Kind of work do	ne 12b KIND OF BUSINESS OR
be executed within and completely fill are are carbon as remaye carbon as in any event, within	admissi M	on) STATE laryland	lived, if institution Residence before NSb. (OUNTY Montgomery	13c CITY OR TOWN 13d I	INSIDE CITY LIMITS? 13e. STREET AND NUMBER	leton Drive
h and conditions		Timothy H	Arrington Lost	15 MOTHER'S MAIDEN Elle		Livan
certificae be g physician a hen please maval, and ir		AS DECEASED EVER IN L.S. ARMED no. or unknown) (If you give war or NO.	FORCES? dates of service) 16b SOCIAL SECURITY N 360-26-8		Daughter Address H o yt Same	as Item 13.
at the death can the attending the attending must permit.	Co ns str	andtians, if ony, which gove se to immediate cause (o), ating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF (b)	TRIAL CARC	MONIA	APPROXIMATE WIEPVAL BETWEEN ONSE AND DEATH 3 DAYS 13 YEARS
bing PHYSICIAN: The law requires the by the hospital ar attending physician free this certificate has been signed by be detached for use as the burial-tra State Dept. of Health priar to burial, cre	CERTIFICATION	O DATE OF OPERATION 196 CON	DITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY? YES	() () ()	CS CONSIDERED IN CERTIFYING 2, Item 18.)
OR ATTENDING PHYSICIAN: The law as retained by the hospital or attendiniNRECTOR: After this certificate has been a 3 shauld be detached for use as the	WEDIC	wark at work	CE OF INJURY (AT HOME, EARM, STREET FAC OFFICE BUILDING, ETC.	ORY.) 21f LOCATION Street or		Caunty State
OR ATTEN be retained JIRECTOR: #		saw the deceased al ve causes stated above, (I	e an November 15) (we) (did) (did not) view the t	A CONTROL OF THE CONT	Que) opinion deoth occurred on the	date and hour ond from the
O HOSPITAL Page 4 may O FUNERAL E director, pag shauld be file		d PHYSICIAN S NAME (Type) JRIAL, (REMAT ON, 23b. DATE	EPH D. CON	EMETERY OR CREMATORY	23d LOCATION (C ty or Town)	Bettesin, ind La 20014 (County) (State)
	B ^{Rt} 24 FUI	EMOVAL (Specify) 11 11 11 11 11 11 11 11 11 11 11 11 11	20-68 Holy (ross Cemeter	D 34	1 1
VR A15 (4) 45M - 1/69	ROE	BERT A. PUMPH	IREY, Bethesda	Maryland DA	TE 1000	and and are



13-02-	TICE TO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	DAITHORE HARVIAND GLOOS
1	15116 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, CERTIFICATE OF DEA	
er death funeral 1 ond 2 1er death.	DECEASED-NAME First Middle Lost (Type or print) Margaret Louise Hollidge	Nov. Manth 1800y 68 Year 4:20am
24 hours after death in by the funeral perse Pages 1 and 3	SEX 4 RACE S. DATE OF BIRTH Female White 3-16-13	6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. In under 24 HRS
4 hours	o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 1 NEVER MARRIED WIDOWED DIVORCED	
within 2	O. CITY OR TOWN OF DEATH Olney 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital light of the light of	o USUAL OCCUPATION (Kind of work dane ring most of working life, even if retired) Homemaker 12b. KIND OF BUSINESS OR INDUSTRY
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the ottending physical and completely filly director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon pushould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within		DE CITY LIMITS? 13e. STREET AND NUMBER
	4 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN N David Heyser	AME First Middle Lost Ernestine Krause
	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 1700, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT 17 INFORMANT 17 INFORMANT 18 18 18 18 18 18 18 18 18 18 18 18 18 1	
	18. CAUSE OF DEATH (Enter on.y one couse per line for (v) (b), and (c), PART 1 DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUERGE OF	APPROX.MATE INTERVAL TWEEN ONST AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF	a of Colon 34/18
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEA	····
		NO CAUSES OF DEATH?
	GI contributing Cause of Ceath HOUR A.M. Manth Doy Year P.M.	(Enter noture of injury in Part 1 or Part 2, Item TB.)
IG PHY. the ho r this a detach	While Not while at work of work	10 1 10
TENDIN ined by OR: Afte ould be		to 19 , to 19 , that (1) (re) last r) opinion death occurred on the date and hour and from the
OR ATTENI be retained DIRECTOR: A ge 3 should led with the	22b SIGNATURE ATTENDING PHYS	MED. STAFF DIRECTOR PHYS. D
TO HOSPITAL Page 4 may TO FUNERAL I director, pog should be fill		Spring, Md.
TO HOSP Page 4 r TO FUNER director, should I	Brewoyal Specify) 23b DATE 11/20/68 23c NAME OF CEMETERY OR CREMATORY 11/20/68 24 FUNERAL DIRECTOR Nalley's Funeral ADDRESS 11. Rainier 250	23d LOCATION (City or Town) (County) (Stote) Colinar Lanor, I.d. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 1/68	Home Inc, Maryland DATE	NOV 2 2 1968 xuman year



7_	1			ID STATE DEPARTMENT		
data int	Н	16117			SALTIMORE, MARYLAND 21201	16131
*	_			CERTIFICATE OF DEAT	H	
-5- 6 H		FCEASED NAME First Type or pnnt)	Middle	Last	2a DATE OF DEATH Month Day	2ь ноце
er deor funerol 1 ond ter deoth	<u>L</u>	Ferdina		Holmquist	1400 15	68 11 B M
the funders of the	3 SI	ma le	4 RACE Caucasian	5. DATE OF BIRTH	6. AGE (In years	IF JINDER I YEAR IF LINDER 24 HRS MONTHS DAYS HOURS MIN
ours after deat by the funeral ages 1 and 2	7.				IK2	
24 hours after for a gages 1	(an)	ntry)	b CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
	10.1	Sweden ITY OR TOWN OF DEATH	Sweden	WIDOWED DIVORCED 120.	Montgo	טוא
E 2 70	10		give street oddress)	Gardens N.H.	USUAL OCCUPATION (Kind of work done ng most of working life even if retired)	12b KIND OF 8 SINESS OR Res taurant
etely orbo	13o	Kensington	lived, if institution. Residence before	13c CITY OR TOWN 13d INSIDE		nes caurant
equires that the death certificate be executed within physician. signed by the attending physician and completely this burial-transit permit. Then please remove corbon burial, cremation, or removal, and in any event, with the complete of the corporation.	adm	issian) STATE D.C.	LIST COUNTY		OF JAM 157 13e STREET AND NUMBER 180 3817 Military	Road N.W.
exe ond co	4	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAIDEN NA	ME First Middle	Last
be or dring		•	-		-	
physican physican en pleose	160	WAS DECEASED EVER IN U.S. ARMET	A destruction and community of		Address	11-
certific physical physical phy		es, na, ar unknown) (If yes give work	578-03-5	597A Miss Agnes	Mathisen, Stopdaug	hter, same #1
, See E	L	18 CAUSE OF DEATH (Enter only	one cause per me for (a), (b) and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death physician. signed by the attendir burial-transil permit. burial, cremation, or re-		PART I. DEATH WAS CAUSED E	CAUSE (0) _ Circlast	Vascular Vise	vile	Yezre
off perion,		77/7	DUE TO, OR AS A CONSEQUENCE OF	0-10.	, ,	, , , ,
the the mat		Canditions, if any, which gave rise to immediate cause (a),	(b) Genera	lized arterios	clerosis	
trought the state of the state		stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
y sic med miaf- rial,			(t)			
low requires that the death ending physician. been signed by the attendir ss the burial transit permit rior to burial, cremation, or re		2 7 // CZ *	HONS CONTRIBUTING TO DEATH BUT IN	IOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART 1(a)	
ow been the	TION	19a. DATE OF OPERATION 19b CO	NDITION FOR WHICH OPERATION WAS P	RFORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS CO	DAKIDEBED IN CERTIFYING
he I he I nas	CERTIFICATION	None	TO THE HOLL AND THE HOLL AND THE HOLL AND THE		CAUSES OF DEATH?	DAZIDEKED IN CEKTIFTING
or o or	CERT	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCURRED	(Enter noture of intury in Port 1 or Part 2, I	tem 181
F F F F F F F F F F F F F F F F F F F	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH (If either, notify medical examiner	HOUR A.M. Month &Day Year		construction and an interest a	1010
YSIII nosp cert thed pt. o	AR I	21d INJURY OCCURRED 21e PL		CTORY.) 21f. LOCATION Street or R.F.C	No. City or Yown	County State
he this letter De		While Not while at wark	OFF CE BUILDING, ETC		,	, , , , , , , , , , , , , , , , , , , ,
ING by t ffer be d itate		22a. I certify that (I) (this-	hospital) attended the deceas	ed from Nov. 15	1967, to NOT 15, 19	(that (I) (we) last
END led lid he S		saw the deceased aliv	e an V6 V 1 C	9.6. X and that in (mv) (eur)	opinion death occurred on the da	te and hour and fram the
Train train the state of the st		22b SIGNATURE	(i) (we) (did) (did not) view the	bady after death.	22. [DATE SIGNED
SPITAL OR ATTENDING PHYSICIAN: The low requires the 4 moy be retained by the hospital or attending physician. IERAL DIRECTOR: After this certificate has been signed by or, page 3 should be detached for use os the burial-transit de filed with the State Dept. of Health prior to burial, creating the state of the other of the other or the state of the other othe		awhu	1 anderson	DEGREE PHYS	MED STAFF D NA	P # 0
AL Doy by		22d PHYSICIAN'S		22e ADDRESS	1.00	77 77 ,1 10 4
FRA me d be d be		NAME (Type) A++	ur J. Uthaderso		19th Street N.W	. Wash Ic
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	_				ry Silver Spring,	Mont., CO., Md
VR Ats (4)			Sons, Inc., 989	Wisc. Ave. 250 P	D BY REGISTRAR 25b REG STRARS	SIGNATURE
45M - 1/69	_N	W. Wash. D.C.	, 20016	DATE	1 2 2 1568 piccone	to Judge.



1		16118	DIVISION OF	VITAL RECORDS,	301 W. PRESTON	I STREET, BALTIMO	DRE, MARYLAND 21	1201 I t	
7		10110		C	ERTIFICATE	OF DEATH			
i dire		CEASED NAME First		Middle	Lost	2	o. DATE OF DEATH		2b HOUR
er death	1	ype or print)	1 1/2	JARREW	140	100	Month	Day Yes	Or SAM
5 - 3	3. SI		4 RACE	7,7,0,00		OF BIRTH	6. AGE (In your lost birthdo	eors IF UNDER I	
a de la		MALT	PAI	P135 AW	11	13/07	lost birthdo	YRS. MONTHS	OAYS HOURS MIN.
hours hours		BIRTHPLACE (Stote or foreign	76 CITIZEN OF WH		8 MARRIED [] NEVE		OUNTY OF DEATH		
4 - 2 S. C.	can	o. C	Ti.	J.	WIDOWED I	DIVORCED 😭	HontGom	E17 4.	Md
illed illed	10, (ITY OR TOWN OF DEATH	FT NA	ME OF HOSPITAL OR INST	ITUTION (If not in hosp	itol 12a. USUAL O	CCUPATION (Kind of wor	rk done / 12b KIN	ND OF BUSINESS OR
vithi oon with	-5	luca Spains	Kid Sty	treet address),	itosatAC	during most of	if working life, even if succession — radio	etired.) INDUST	At-employe
od v	130.	USUAL RESIDENCE (Where decear	ad listed if metit its	on Postidance before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NU	MBER	
PHYSICIAN: The law requires that the death certificate be executed within the hospital ar attending physician. This certificate has been signed by the attending physician and campletely fill stached far use as the burial-transit permit. Then please remave carbon posts, af Health prior to burial, crematian, ar removal, and in any event, within	oom	ssion) STATE Md.	13P COUNTY	ontgomery	Sil. Spr	YES NO .	11550 St	ewart Lan	1e
and c remo	14	ATHER'S NAME First	Middle	t _i ast	IS. MOTHE	S MAIDEN NAME FOTO	anne N	Aiddle	Lost
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rtificate b physician en please oval, and i	160	WAS DECEASED EVER IN U.S. ARN es, no ocunknawn) (Il yes give y	IED FORCES?	16b SOCIAL SECURITY N				Bdrøsstewart	Lane
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ie death cei affending f permit. The		1B. CAUSE OF DEATH (Enter an	y ane cause per lin	e far (a), (b), and (c).)	/ Cuc.	unto play	sterder fry	THE BETT	PPROXIMATE INTERVAL WEEN ONSET AND GEATH
eath andii. ar r		PART I. DEATH WAS CAUSEI IMMEDIA	TE CAURE LE	vterioso	· levotec	Hearly	seare		3-2-6
e di affe		4109	1	S A CONSEQUENCE OF		,			2
the sit puration		Conditions, if any, which gave rise to immediate couse (a),	(3)						ma
tha an. by by crer		stating the underlying couse(DUE TO, OR A	S A CONSEQUENCE OF					
aquires tha physician. signed by burial-tran		last.	(c)						
The law requires the attending physician bas been signed by se as the burial-tra h prior ta burial, cre		PART 2 OTHER SIGNIFICANT COM	DITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED TO, THE TER	MINAL DISEASE OR COND	DITION GIVEN IN PART 1(o)	
w raing een the tra	픙	Denne Che	my	Mulmor	7 7	mena			
The law ratending attending has been is as the h prior ta	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHI	CH OPERATION WAS PER		AUTOPSY?	20b IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONSIDERED	IN CERTIFYING
The page with the lith was	REFE	A ASSESSMENT WAS AMBRESTED	2 1			S NO I			
AN: of of icate far Hea		21 a. ACCIDENT WAS UNDERLYIN TOR CONTRIBUTING TO CAUSE OF OFAT	G 21b. TIME OF HOUR A.M.	Month Day Year	21c. HOW INJUR	Y OCCURRED (Enter nat	ture of injury in Port 1 o	r Part 2, Item 18.)	
SICI spite ertif ed I	MEDICAL	OR CONTRIBUTING CAUSE OF OEAT	er) P.M.	. 19					
ho h	1	21d. INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING ETC.	211. LOCATION	Street or R.F.D No.	City or Tawn	County	State
te C	П	at wark at wark	- b 2 - 1 - 1	1 1 1 1	15	10/ //	to the state of	304. 6	**************************************
ATTENDING etained by the CTOR: After I should be dith the State		22a. I certify that (1) (the saw the deceased a	live an	ended the decease	a from	n (my) (ou re o ninin	n death accurred on		rnar (I) (Web lost
OR ATTENI be retained bIRECTOR: A ge 3 shauld led with the		causes stated above	, (I) (we) (did)	(did nat) view the b	ady after death.	()) (oar) opinio		,	
A de	L	22b. SJØNATURE	20	,	1. () AT	ENDING MED	STAFF	22c. DATE SIGNE	ED /
OR be J be 3	١,	- Milli	mate	7	7 DEGKEE PH	rs. 🗀 DIREC	TOR PHYS. L	1///	7/68
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pashould be filled with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours	1	22d. PHYSICIAN'S NAME (Type)	MACI	AM INI		ADDRESS DW.Edi	monston &	n. Race	mee ()
OSF JNE crtor	230	BURIAL, CREMATION, 23b.	DATE	23c NAME OF C	EMETERY OR CREMATO		3d. LOCATION (City or To-	wn) (Caunty	(Stote)
Pog dire	1200		21-1968		ill Cemet			jeorges.	
(· · · ·	24	FUNERAL PURECTOR 11113		ADDRESS	Sil. Spr.1		EGISTRAR 96 BESS. REE	GISTRARS S. GHATUR	June
VR A15 (4) 30M REV. 1/68	12	rner E. Pumphr		8434 Geor			1000	700	- Aller
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MAKYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1613. 15120 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a COUNTY a STATE COUNTY MARYLAND .ont onerv Maryland b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest tawn) 2:30 A.M. 18 8 rentwool d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS a IS RESIDENCE OR INSTITUTION ON A FARM? 4500 - 33th Place rosvenor Jursin YES TO NO EX hau NAME OF 4. DATE Middle Month DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years last birthday) Manths Days WIDOWED DIVORCED [7] Ferial e 10a USJAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) .S. lovt. U.S.A. 13. FATHER'S NAME. 14. MOTHER'S MAIDEN NAME Ethan Lamb la Lae Lussotter INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Chester T. Shellon (above as ress) attending 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ANTERIOSCEENCTIC HEART DISCOVE Canditians, if any, which gave rise to immed ate DUE TO cause (a), stating the under-ARTERIO SCLERUSIS tvina cause last FICATION PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? . UNIVERLUTAITIEN YES IN NO IT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBÉ HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18) 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c TIME OF INJURY Month, 20d. INJURY OCCURRED. Day, Year (County) (State) factory, street, affice bldg , etc.) Haur a.m. Not while at wark at wark the haspita 19___,that I last saw the deceased 21. I certify that I attended the deceased fram. _, and that death accurred at 2.30A.M. from the causes and on the date stated above. ACTUAL SIGNATURE may be retaine TO FUNERAL DI 3 should ROCKVILLE KLARYLAN PHYSICIAN'S CHARIES SAVARESE M.D. NAME (Type) 22d. LOCATION (City, tawn, or county) 226 DATE THEREOF 220, BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Suitland, Ild. Cedar Mill Cem. Durin' 100/38 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE Tuneral it hainier. Home VS A15 (4) 1SM 9/III



1 1/2		MARYLAND STATE DEPARTMENT OF HEALTH	gf1
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	10.
FOR STATE		16122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle / Lost 20. DATE KNOWN Month D	ay Year 2b. HOUR
of de of	,	Type or Print) " JAMES 2. HOPKINS DEATH MATED & NOV.)	17 1968 3 2 M
Pog Pog	3 5	FX 4 RACE S DATE OF BIRTH 6 AGE (IN WISS) F JNDER . YEAR IF UNDER 24 HRS 25 DATE PROMONINGED DEAD	2d HOUR
ny deloy is 2, and 3 to PM3 Poge	12	rale white July 20, 1933 335 yrs MONTHS DAYS MOURS MIR TROPPH Doyy	Year 1968 423 M
,		BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1700 7 Jim
after deoth any delay is 8 Give Pages 1, 2, and 3 to atons, with form PM3 Page with the State Department of leath.		Tennsylvania 21.5 A. WIDOWED DIVORCED Montgomer	g/ Md
deoth e Pages with for	10	CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12	b Kind OF BUSINESS OR BUSINESS OR STANDERS OF STANDERS
the de	12.	Rockville give street oddress) 70 S + Main + rese during most of working life, even fretired) IN USUAL RES DENCE (Where deceased lived, if not tution, Residence beforehist. C TY OR TOWN 13d INSIDE CITY JUM, 157 13e STREET AND NUMBER	Shop
1 8 Grand		Charles Aller Autor deceases used in distribute and delibere and deceases used in distribute	ewead. Dr.
hour offer d	14 1	FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Last
, 34 C & 10 N		Ben J. Hopkins Mary	Bullock
thin 24 incil in miner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 1 Wi	lps Drive,
	1,	Yes Mary B. Hopkins, Hermi	nie, Penna
		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY A LALIZIE TO LUCIOS Severe	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute dica		PART I DEATH WAS CAUSED BY Multiple. Insuries - Sovere -	Sodden.
Me Me		DIE TO OD AS A CONTOURNE OF	
be per lief		Canditions, if ony, which gove rise to immediate cause (a). (b) Trauma. from. Auto Accident.	
ord ord I-tre		rise to immediate cause (a). stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
th the circ		(c)	
a to to be		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fico ing rdec o s	25	8674	
writh work work work work work work work work	ATTO	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This certificate should be executed within cote, writing the word "pending" in pencil be forworded to the Chief Medical Examine I be used as a burial-transit permit. File paging removal, and in any event within 72 hour	E	WAS PERFORMED?	YES KI NO 🗌
INER: This certificate should be executed within 2 in certificate, writing the word "pending" in penul in should be forworded to the Chief Medical Examiner files. 3 should be used as a burial-transit permit. File pages attach, or removal, and in any event within 72 hours.	MEDICAL CERT FICATION	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18)
Certinould could show iton,	ĬŽ.	PRIMARY TO OR CONTRIBUTING HOUR AM 1/17 1968 Personger on Car several ord of control 5:	truck Truen.
and the state of t	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
XAMINER: This certificate should be executed with the certificate, writing the word "pending" in pege 4 should be forworded to the Chief Medical Exoryour files. Oge 3 should be used as a burial-transit permit. File cremation, or removal, and in any event within 72.		WHILE AT WORK	Montgenstiy Md
necessory, please execute the cert the funeral director Page 4 should 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should Health prior to buriol, cremation,		22a certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 🔀, Inquiry 🗭,	and in my opin on
Par City of the Control of the Contr		death resulted from Natural causes 🔲 , Accident 🖾 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌]
please direct direct retoine or to t		CHIEF MEDICAL EXAMINER	
AL PAL		SIGNATURE MD ASSISTANT MEDICAL EXAM, NER 226 DATE SIG	SNED
Sorn uner V by V by		EXAMINER'S DEPUTY MEDICAL EXAMINER A NEW-	17,1968
o DEPUTY necessory, please e the funeral director 5 may be retained O FUNERAL DIRECT Health prior to bu		NAME (Type) JOHN G. BALL. M.D. ADDRESS (Street, 1.17, town or count Montgome)	
5 = # ~ 5 H	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (C	ounty) Pefille.
		Burial 11/21/68 Madison Union Cemetery, Madison, Wes	tmoreland
		FUNERAL DIRECTOR 7557 Wisconsin Ave 250 RECD BY REGISTRAR 256 REGISTRARS 5 CONTINUED TO 1000	GNATURÉ O
VR A15ME (5) 10M REV 1/68		ROBERT A. PUMPHREY, Bethesda, Maryland NOV 20 1968 Thumbs	Sugar.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 6 1 3 6 CERTIFICATE OF DEATH First Middle lost 2o. DATE OF DEATH by the funeral Piges I and 2 nours after death. 1. DECEASED-NAME 2b. HOUR PTV 24 hours after death. (Type or print) November Month (NMN) 11:08 Viola Hopkins 3 SEX 4 RACE S. DATE OF BIRTH JE LINDER I YEAR (E UNDER 24 HRS 6 AGE (In years lost birtheay) MONTHS I 11 September 1910 Negro Female 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED Wirginia · Montgomery USA WIDOWED DX DIVORCED [10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR executed within WIT Bethesda Center, NIH O FUNERAL DIRECTOR: After this certificate has been signed by the attending phystician and complete director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carb should be filed with the State Dept. of Health priar to burial, crematian, or remaval, and in any event, 130 JSJAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE. Washington DIC YES . Washington. 1715 Swann Street. N.W. 14 FATHER'S NAME 15. MOTHER'S MA DEN NAME First First Middle Lost Middle Beverly Mary Dunlap Moses 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Bethesda, Maryland Address Yes, no, or unknown) offending pry-The Medical Records. The Clinical Center Not Available 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY 1-2 Weeks Septicemia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Mycosis Fungoides 3 Years rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES Y NO | 4 may be retained by the hospital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH
(If either, notify medical exominer) HOUR A.M. Month Day Year P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (t) (this haspital) attended the deceased from 2 October, 19.68, to 12 Nov., 19.68, that (We) last saw the deceased alive an 12 November 1968, and that in (My) (aur) aprican death accurred an the date and haur and from the causes stated above (1) [we) (did) toin not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED 11/13/68 DEGREE DIRECTOR 22e ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Clarence H. Brown, M. D. Institutes of Health, Bethesda, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b, DATE (County) (Stote) REMOVABloperity 1 11-16-68 Harmony Memorial Park Prince George Md 250. REC'D BY REGISTRAR'S SIGNATURE EUNERAL DIRECTOR John T. Rhines Company Funeral Home 30M REV 1/66 3015 12th Street, N. E.

MAN LEANING STATE DEPARTMENT OF HEALTH

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# 1	II t	tems 18-22a Film 407 MARYLAND STATE DEPARTMENT OF HEALTH	v 1 2 .
FOR STATE		15122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0 3 4 .
HEALTH DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month Day (Type or Print)	Y Year 2b HOUR
25 32 is		Theresa Huang DEATH MATED 11-10	7 108/12/1
y delay and 3 Page 1		TK3	Year 68 12 10
Pages 1, 2, 2, 2, with farm 1, 5, 5 fate Depo		B.RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Nontgomery County Nontgomery County	F Mr
after death	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR .NSTITUTION (If not in hospital during most of working life even if refried) Silver Spring 12. NAME OF HOSPITAL OR .NSTITUTION (If not in hospital during most of working life even if refried) Holy Cross Hospital Psychologist	KIND OF BUSINESS OR LISTRY S. GOV
N - 2 - 2	130	usual RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d. MISTOE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Md. 13b. COUNTYMontgomery Sil. Spr. YES ★ NO □ 1220 East West F	Highway
24 haurs in Item 1 r's Office es Land 2	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
24 in Iris (Chi Shiv Huang Sui-Pi Maria Chang	
within 24 in pencil in Examiner's File pages	16a ('	WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 16b SOCIAL SECURITY NO Brother - Cheng-Schen Huang	#13
be executed with pending" in pending" in pending Examiner Medical Examination insit permit. File event within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical I permit. I		IMMCDIATE CAUSE (a) Multiple extreme injuries	
e ex penc if M sit p		Conditions, if any, which gave)	
d b Chie		rse to immediate cause (a), (b) With internal nemotions	
shauld be e ne word "per ia the Chief I burial-transit I in any even		lost. (c)	
ificate iting th irded t	N.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shauld be executed within licate, writing the word "pending" in pencil be farwarded to the Chief Medical Examine d be used as a burial-transit permit. File page or remaval, and in any event within 72 hou	THECATIC	19a DATE OF OPERATION . 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
连五 平 9	MEDICAL CENTRICATION	210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of shipsy in Port) or Port 2 from Deceased struck by auto while L2: Ole M/11/19 1968 210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of shipsy in Port) or Port 2 from Deceased struck by auto while walking along highway.	B.)
bical Examiner: se execute the certification. Page 4 shauld ned for your files. ECTOR: Page 3 shaul a burial, cremation,	ME	21d INTURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R F D. No. City or Town Co	aunty State
bital Exampless execute the please execute the director. Page 4 refained for your. DIRECTOR: Page car ta burial, cren			mery Md.
tor. Paged for yourself, burnelf,		22a. I certify that I taak charge of the remains described above/held an Autapsy Inspection Inquiry I.	and in my apinion
se erto		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
JTY please eral direct be refain RAL DIRE		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	r.
UTY, arry, be be pri		SIGNATURE M.D. ASSISTANT MED CAL EXAMINER 22b DATE SIGN EXAMINED: DEPUTY MEDICAL EXAMINER 22c DATE SIGN	10 1010
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health priar to burial, crem	230	NAME (Type) JELDEN / YEAD / Y DODES STORE ANY TOWN, or country)	7,1468
7 + 40	230	BURIED 11-22-68 BATE OF HEAVEN CEM. WHENTON, M.	onty) (State)
VR A15ME (5)	24	SUNERAL DIRECTOR DEVOLFUNDOSTI / 100 ME 25a. RECD BY REGISTRAR S SIGN. SE DESPENDANTE AND SECURITIES SIGN.	ATURE
10M REV. 1/68		Emes E. D. Pol 2222 Wisc. AVE., IV. W. NO. 27 1968 yourles	

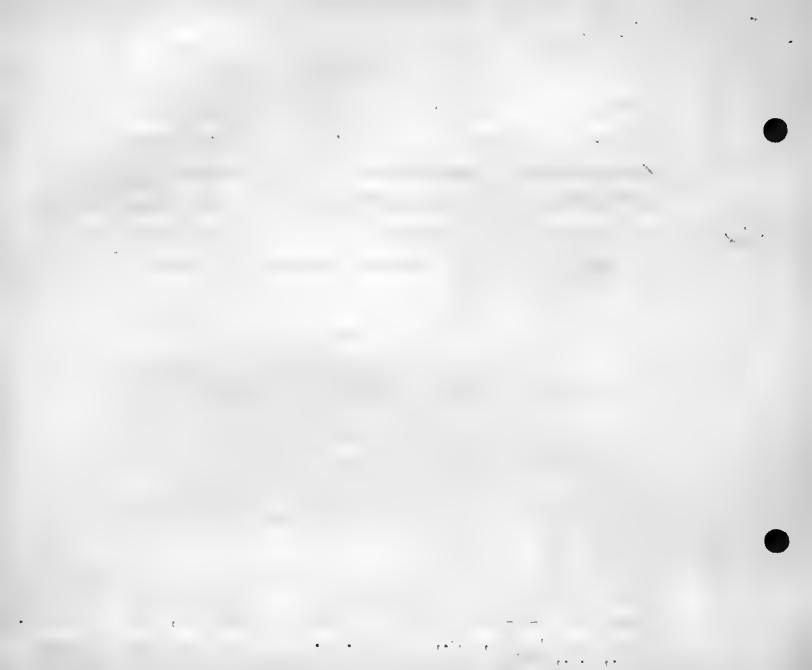


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1			DIVISION OF VITAL RECORDS	AN M DOECTUN CLOEL		DVIAND 21201	
		16125	DIVISION OF THAL RECORDS	CERTIFICATE OF DE			16133
death.	(1	CEASED-NAME First ype or print) HERBE	e + Riddle	INGLARA.	2a DATE O	F DEATH Month Doy	Yeor 125. HOUR 11 73 M
haurs after death n by te fune al. s. Piges, and haurs area death	3. SI	nale	4 RACE	SATE OF BIRTH		62 "YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N
24 havr	/o cour	SIRTHPLACE (Stote or foreign try) VAUA SCOTIA	75. CIT ZEN OF WHAT COUNTRY? USD	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	_ [^3 -	FORERY	Md
within 2 bon par within	1	or town of DEATH	give street oddress)	Hespital	120 USUAL OCCUPATION during most of working		126 KIND OF BUSINESS OR INDUSTRY
and camplete	odm	SSIGN) STATE	ed lived, if institution. Residence before 13b COUNTY	Bethesler YES	□ NO □ 93	TREET AND NUMBER	AUE.
and and in an	14, 1	ATHER YNAME FIRST HERBER	Middle 0 Lost	15 MOTHER'S MAIDEN		Middle	Coest
rificate be ysician c please al, and ir	160.	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 16b SOCIAL SECURITY	NO. 17. INFORMANT		Address	1
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he death certifi e attending phy: permit. Then ian, ar removal		PART 1 DEATH WAS CAUSED	D11	thrombosis			BETWEEN ORSEL AND DEASH
it the d the att sit per nation,		Conditions, if any, which gove)	DUE TO, OR AS A CONSEQUENCE O	arterioscleros:	is		
		rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O		aha bur		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O EUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre-	N.		nditions <u>contributing to death</u> but nical; hypertensi				
The lay attend that has be use as the lay in	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS I	YES X	NO CAUSI	IF YES, WERE FINDINGS CO ES OF DEATH?	
CLAN: ital ar hificate I for a	MEDICAL CE	21 o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Doy Yes	21c. HOW INJURY OCCURR 19	ED (Enter noture of in)	ury in Port 1 or Port 2, 11	em 18.)
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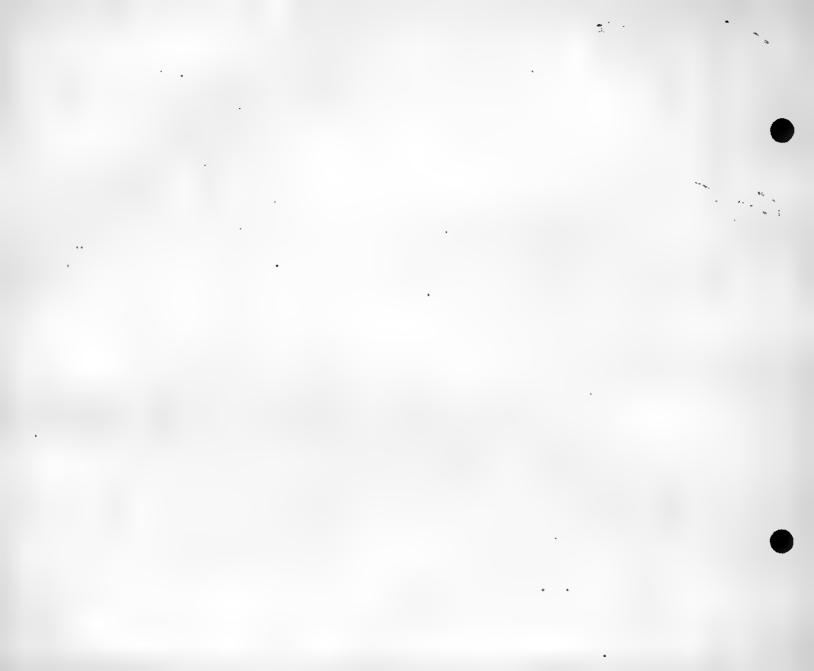
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16126 CERTIFICATE OF DEATH DECEASED-NAME 2c DATE OF DEATH 2b HOUR (Type or print) 3 SEX IF UNDER I YEAR HOURS 7o. BIRTHP_ACE (State or foreign COUNTY OF DEATH country) WIDOWED X D. VORCED [11 NAME OF HOSPITAL OR INSTITUTION (finet in haspital 10 CITY OR TOWN OF DEATH 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13d INSIDE CITY LIMITS? 13a STREET AND NUMBER 14 FATHER'S NAME MOTHERS MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (# yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, crematian, or remavol, APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) (anditions, if any, which gave) rise (a immediate cause (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspitol or attending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CAUSES OF DEATH? YES 🗀 NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f. LOCATION Street or R F.D. No. City or Town State County TO FUNERAL DIRECTOR: After this While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from... saw the deceased alive an 19 19 19 and that in (my) (ast) apinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS 22d PHYS CIAN S 22e ADDRESS NAME (Type) 23 a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) Cremation Suitland, Prince Georges Co.Md 11-26-1968 Cedar Hill Crematory 25b. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc., 5130 Meliantes 1968 Wach D.C. 20016



*	MAKYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED NAME Frst Middle Lost 20 DATE KNOWN Month Day Year, 2b HOUR
is the fa	(Type or Print) MARION THERESA JACOBSON DEATH MATER 1684P M
	3 SEX. 4 RACE S DATE OF BIRTH 6 AGE (In years FUNDER 14 HRS 27 DATE PRONOUNCED DEAD
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EXAMINER: cute the cert age 4 shaulc your files Page 3 shau l, cremation,	WHIE AT WORK A
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A 0 5 7 9 5	death resulted from Natural causes Accident , Suicide , Hamicide , Undetermined manner
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UTY, Pr RAI	JOHN TONE
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital at attending physician. 5 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in 89, the funeral director, page 3 should be detached far use as the bur al-transit permit. Then please Temave carban papers. Pages 1 and should be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and in any event, within 72 haurs after death		Bethesda	give street address	zal Hos	nital	during most of	working wife, even if retired SCWIIC	ind) INDUSTRY	SOSINESS OK
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45M - 1/69	Ro	bert A. Pumphry	Bethesda, Ma	ryland		DATÉ			



	16123 CERTIFICATE OF DEATH
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very base 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. at Health priar to Jurial, cremation, ar remaval, and in any went,	PART I. DEATH WAS CAUSED BY. MMEDIATE CAUSE (a) Hydrocephalus, c ongenital 18 months
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OR Al be reto DIRECT ge 3 sh	226 SIGNATURE By Chorts MD LCDR, Me ATTENDING MED. STAFF 120 DATE SIGNED NOV. 15, 1968
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Page TO FUN direct shaul	230. BUR.AL (REMATION, REMOVAL (Specify) 11-19-68
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTOR RObert A. Pumphrey ADDRESS Md. 250. RECD BY REGISTRAR 250. REGISTRAR'S SIGNATURE Funeral Home, 7557 Wisconsin Ave., Bethesda DATNO 1/2 0 1058 The state of t

MAKYLAND STATE DEPAKIMENT OF HEALTH





	MARYLAND STATE DEPARTMENT OF HEALTH	
1	16131 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (5 1 2 5)	
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A F F F F F F F F F F F F F F F F F F F	Growth Butting Cause of Death HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19 2 and INNIBY OCCURPED 12 to PLACE OF INNIBY CALIBONE FARM SIREST, FACTORY 12 to LOCATION Street or R.E.D. No. 6 by or Town County State	
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de De de t	ot work — at work —]	
DIRECTOR: After this certificate ge 3 shauld be detached far used with the State Dept. af Healt	22a. I certify that XIX (this haspital) attended the deceased from 1 November 19 68, to 2 Nov., 19 68, that (1) (xm) saw the deceased alive an 2 November 19 68, and that in (my) (xm) applicant death accurred on the date and hour and from	last
med with the	causes stated above. (I) (40) (did) (40) (did) (40) (did) (d	tne
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Fage 4 may be retained by the nashing EUNERAL DIRECTOR: After this certion director, page 3 shauld be detached shauld be filed with the State Dept. at	NAME(Type) G.H. SAFLEY LT MC USNR U.S. NAVAL HOSP.(NNMC) Bethesda, MD.2001	1
O FUN direct shaul	23a BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)	
5 D D N	REMOVAL (Specify) 3 NOV 68 Baker Cmeetery Whitakers, No. Car.	
VR A15 (4) , 30M REV 1/68	24 FUNERAL DIRECTOR 1400 DOCTOR St. N.W 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE W.W. CHAMPERS FUNERAL HOME Washington D.C. DANOV 1 4 1968 Clients Sudge	
, SOMI KEY 1708	W.W. CHAMBERS FINERAL WOME Washington D.C. DANUV 4 1300 KCCCOPUS MILES	



FOR STATE		15138 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3146
HEALTH DEPT.	1. 0	DECEASED NAME First Middle Lost & 20, DATE KNOWN Month	Doy Yeor 2b HOUR
ta ta aff		1 NOING POWEIT SOCIAL DEATH MATED VI	G 1968 / AM
ny delay is 2, and 3 ta PM3. Page partment af	3 5	Fe. W- North 10 1902 6. AGE (in years lift under 1 YEAR IF UNDER 24 HIRS 20. DATE PRONOUNCED DEAD Months OAYS HOURS MMM Month NOV.	Year 1968 JOA M
Je po		BIRTHPLACE (Stote or foreign 75 CIT.ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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after d 8. Give along with the	130	IISTIAL PESIDENCE (Where deceased lived if institution Per dence hateral 13c CITY OP TOWN 13d INSIDE CITY LINES? 13e STREET AND MUMBER	APT:
s after 18. Giv e along 2 with death.	٥	odmission) STATE Mary boy 30 COUNTY Not 19 mery Bethesde. YES \$ NO 4977 Botter	9 Lone 204
haurs Item 1 Office 1 and 2	14. 5	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in I niner's (pages 1 hours c	14-	William Powell Ida May	Nave
ithin 24 enc.l in iminer's pages hours	100	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yos give way or detect of service) 16b SOCIAL SECURITY NO 17 INFORMANT 11 Dale La. Walksing: 579-01-6612 (Nephew) Raymond D. Lewis	
d w in p Exa File In 7%	-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ng" dical rmit with		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) COFODDITY OCCIUSION. Acute -	Sudden
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AL EXAMINER: This certificate should be executed within 24 haurs after death execute the certificate, writing the word "pending" in pencil in Item 18. Give Page Ir. Page 4 should be farwarded to the Chief Medical Examiner's Office along with 1 for your files. 10R:Page 3 should be used as a burial transit permit. File pages land 2 with the Statutial, cremation, ar remayal, and in any event within 72 hours after death.		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)	
ifica Ifing Irdec I as al, a	Z	4	
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ertiff on, on,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P. M. 19	
MINER: the cert the shaul r files: 3 shau mation	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No City or Town	County Stote
DEPUTY DICAL EXAMINER: reessary, please execute the certification of the		AT WORK AT WORK	
AL DE EXECT. P.C. For FOR:		22a. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 🔼, Inquiry 🖫	and in my apinion
JTY DICA rry, please e eral director be retained RAL DIRECTOR		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
ple retor		ACTUAL SIGNATURE Ook S. Boll MD ASSISTANT MEDICAL EXAMINER 22b. DATE	SIGNED
		EXAMINER'S DEPUTY MEDICAL EXAMINER Z. NOV	
		I NAME (Tune) TO ITAL TO DATE AND ADDRESS STREET AND AS CAUSE AND AS C	
he f mo mo FU		NAME (Type) JOHN G. BALL, M.D. ADDRESS(Street, city, town, or county) Montgo:	
TO DEPUTY DICA necessary, please extra the funeral director. 5 may be retained to FUNERAL DIRECTOR Health prior to bur	230	BUR AL (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (CITY of Town)	(County) (Stote)
TO DE nece: the family of the Health Health		BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH



		16133	DIVISION OF VI		301 W. PRESTON STR		RE, MARYLAND 21	161	41
£ 1		CEASED-NAMÉ First		Middle	Last		DATE OF DEATH		2b. HOUR
deat	(T·	rpe or print) 1/17/10	N 8	Liza	MAHLER	<i>-</i>	Novemi	BER 18 196	8 1151 PM
irs after	3. SE		4. RACE		S. DATE OF BII	RTH	6 AGE (n ye last birthdo	BOTS IF UNDER 1 YEA	
L	_/	EMALE		Acre .	12-0	7-89	78	YRS.	13 HOURS MIN
	7a. B	irvì	7b. CITIZEN OF WHAT	COUNTRY?	8 MARRIED 🔲 NEVER MARI	RIED 9. CO	DUNTY OF DEATH		
L		VA.	1154.		اليقب	CED [NTGC MEN	Md Md
) 1	10. CI	TY OR TOWN OF DEATH	11 NAME give stree	: DF HDSPITAL OR INS et oddress) 	THIUTION (If not in hospital	during most of	CUPATION (Kind of wor f working life, even if re ECUIFE	etired.) INDUSTRY	of Business or
		JSUAL RESIDENCE (Where decease soon) STATE	ad lived, if institut on 13b COUNTY	Residence before	TISC CITY OR TOWN	YES NO [13e STREET AND NUA	MBER	
Ī	14. F	ATHER'S NAME First	Middle	Lost	15 MOTHER'S MA	IDEN NAME First		Irddle	Lost
П		HERBERT	- K	BRAdy	/	MAR	Y K.		DAVIS
ı		WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16	6 SOCIAL SECURITY I	NO. 17 INFORMANT	, ,	Ac	dress Sil. St	r., Md.
L	- 10	(if yes give wo	or or dates of service)		Marion D	Kahler	t 702 Gist	Avenue	
		18. CAUSE OF DEATH (Enter and	y ane cause per line	(c) (b), and (c))· ,		•		OXIMATE INTERVAL IN DINSET AND DEATH
1		PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	recunosa	ti - Terun	nd		60	ays
-1	- 1	4007	DUE TO, OR AS	CONSEQUENCE OF	.1 0 .			2.0	1/ 2007
H	-	Conditions, if any, which gave itse to immediate couse (a),	(b) O	Meral	Wennesses			140	s 4 minute
		stating the underlying couse lost	DUE TO, OR AS (c)	Cice of	cod arlere	selvor	es	Ulny	Encor-
		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIN	g to death but in	T RELATED TO THE TERMINAL	. DISEASE OR CONDI	ITION GIVEN IN PART 1(0)	
	×	7 0 2 X							
	CERTIFICATION	190. DATE OF OPERATION 19b. 0	CONDITION FOR WHICH	OPERATION WAS PE			20b. IF YES, WERE FII CAUSES OF DEATH?	NDINGS CONSIDERED II	CERTIFYING
4	RTIE				AF2	NO 🛂			
- 1		2Fo ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH		JURY Wanth Day Year	21c. HOW INJURY OCC	URRED (Enter noti	ure of injury in Port I or	r Part 2, Item 18.)	
	MEDICAL	(If either, notify medical examin	er) P.M.	19					
		of work at work			TDRY.) 21f LOCATION Stree		City or Town	Caunty	State
		220. I certify that (I) (thi	s hospital) attend	ded the decease	ed from July 31	1957	, to /// 18	, 19 <u>68</u> , th	iat (I) (we) los
		saw the deceosed all	(I) (we) (did) (di	d not) view the	body after death	y) (vor) opiniar	i death occurred on	i ine dote ond no	n ong from the
	ı	22b. SIGNATURE	11-			0 -000	- STACE	22c. PATE SIGNED	
		Claros	vH.IR	aum	DEGREE PHYS	DIRECT	TDR STAFF	Verenber	18196P
		22d. PHYSICIAN'S NAME (Type) Aaron	H. Draum.	MD	22e. ADD 823		von Am	Solver San	ing Ald
F	ón						JUNE Y	عنظر فاستحدث	
	23c.	BURIAL, CREMAT ON, 23b. D. REMOYAU(Specify)			CEMETERY OR CREMATORY		LOCATION (City or Tox		
	101		21-1968 Iten Carle	C ADDRESS	Hill Cemeter	250 RECID BY RE	GISTRAR 2Sh REG	eorges, Ma	rycana
10-	-	rner & Pumphs		8434Genx	Sil. Spr., Mo	NOV 2	5 1968	herries yo	200

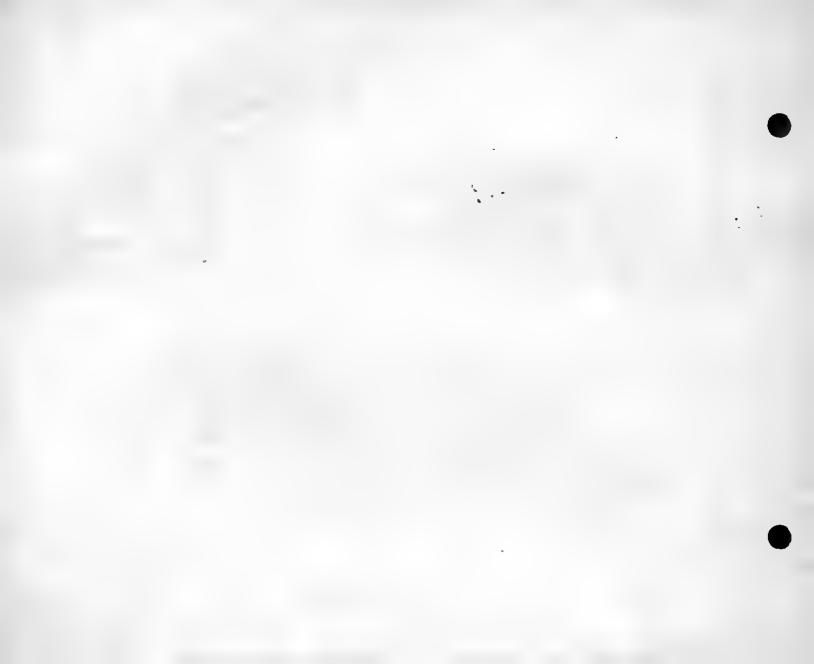
MARYLAND STATE DEPARTMENT OF HEALTH

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.]	4	MARYLAND STATE DEPARTMENT OF HEALTH 16134 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH OFFT.		DECEASED NAME First Middle Last 2a DATE KNOWN C Month Day Year 2b t	∺OUR
Page 1		Louis B Kahn DEATH MATED □1 27 88 8:	30/
- c e		last birthday) MONTHS OAYS HOURS MIN Month Doy Year	HOUR
Sarting &		Tale White 1/17/11 57 YRS 11 31 19 688.	30%
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age stat	10.	CITY OR TOWN OF DEATH. 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS (OR
r de ve F g wi	L	Silver Spring Give street oddress Holy Cross Hospital Daper salesman Daper D	
hours after death tem 18. Give Pages Office along with a land 2 with the State after death	13a	a USUAL RESIDENCE (Where deceased lived if institution Residence before 13c City OR TOWN 13d INSIDE CITY JAMES? 13e. STREET AND NUMBER 2 ddmissjon) STATE 13b (QUINTY)	
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4 - 10		Harry NMI Kahn Goldie ? ?	
d within 24 for pencil in Exchange s File pages n 72 haurs		D. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) (If yes give war or dates of service) 153–09–4959 (The proof of the	
		Months and American A	_Md
mit. 1		18 CAUSE OF DEATH (Enter only one couse per ine toy (a) (b), and (c) PART I DEATH WAS CAUSED BY: IMMIDIATE CAUSE (a) RETWEEN ONSET AND DE.	ATH
Meding perr		IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF	
per insit		Conditions, if any, which gave)	
shauld be executed the word "pending"; to the Chief Medical burial-transit permit.		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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ical EXAMINER: This certificate shauld be executed within execute the certificate, writing the word "pending", in pencitor. Page 4 should be farwarded to the Chief Medical Examined for your files. CTOR: Page 3 should be used as a burial-transit permit. File page burial, cremation, ar removal, and in any event within 72 has		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ertifi writii ward ward avat,	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 2D. AUTOPSY?	
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	1 65	210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
VER: cert hould les. shot	MEDICAL	CAUSE OF DEATH P.M. 19	
bical Examiner: se execute the certilector. Page 4 should have for your files. ECTOR: Page 3 should buriel, cremation,	≥	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No City of Town County Street or R.F.D. No	tote
L EXA ecute Page or yal R: Pag		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my op	union
CAL exe ar. F TOR		death resulted from. Natural causes A Acident . Suicide . Hamicide . Undetermined monner	HUH
TY DICA ry, please e eral director be retained RAL DIRECT prior to bu		(HIEF MEDICAL EXAMINER	
Al D		SIGNATURE ACTUAL SIGNATURE 22b. DATE SIGNED	
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crements		EXAMINER'S BELDEN READ M.D. APDON'S (Street, physical examiner) 21, 16	8
o o o o o o o o o o o o o o o o o o o	230	SO BUR AL CREMATION 23b DATE 23c MAME OF CHATTERY OR CREMATORY 23d LOCATION (City or Town) (Cornty) of (Stote)	
	13	REMOVAL (Specify) 11-22-68 (TECLIPSH GOD. HATTOUILLE, MID.	
T	1 2	FUNERA. DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRARS S GNATURA	
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				ND STATE DEPARTMENT OF		
1			DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	1 : 1 / / .
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fune 1 a	3 SE	X /	4 RACE	S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 HRS.
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A STATE OF THE STA	_	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED T NEVER MARRIED T	9. COUNTY OF DEATH	
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com ove y ev		///ary/and	THONIGOMERY	01 1001 2011 NY	- 1707 / woi/11 C/	es 1 Urive
e ex and rem n an	14 1	ATHER S TAME First	Middle Last	IS MOTHER SMAJDEN NAN	ucu middie	LOST
e b dan ase	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURIT	Y NO. 17 INFORMANT	Address /	404 northwest
	۱۳۶	es, no or unknown) (It yes give	war or dates of service) 163-10-0	948 Diana Jur	uquest, Silver:	Spr. M. Dr.
a Para Para Para Para Para Para Para Pa		18 CAUSE OF DEATH (Enter of	ov one couse per line for (b), and	(0)//	00111	APPROX.MATE INTERVA. BETWEEN ONSET AND DEATH
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the the control of th		Conditions, if any, which gove	(b) Cough	Twe Heart	tailure	may any
that the an. by the transit p		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE	OF Secret 4	out Program	Augus was
equires 1 physicia signed 1 burial-tr burial, c		lost,	1) (1) arrere	succes	Die / Chewa	
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OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 2 be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending profition and completely filled in 3 should be detached far use as the burial-transit permit. Then please remove carban payed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within	CERTIFICATION	170. DATE OF OPERATION 170	CONDITION FOR WHICH OF ERACEM WAS	YES NO	CAUSES OF DEATH?	
te h ar a colfficient of the h		210 ACCIDENT WAS UNDERLY	NG 21b. TIME OF INJURY		Enter noture of injury in Port 1 or Part 2,	Item 18.)
CLAN ital ifica ifica ifica ifica	MEDICAL	OR CONTRIBUTING CAUSE OF DEA		or 19		
YSIO	哥	21d INJURY OCCURRED 21e		FACTORY) 21f. LOCATION Street of R.F.D.	. No City or Town	County State
DING PHYSICIAN: The I by the haspital ar atter After this certificate has I be detached far use as State Dept. af Health pri		While Not while of work			,	
ING by t ffer ffer be o		22a I certify that (I) (1	his hospital) attended the dece		9 <u>68</u> , to <u>11/14</u> , 19 opinion deoth occurred an the de	68, that (1) (we) last
	ı	saw the deceased causes stated above	alive an // //2- re, (l) (we) (did) (did not) view th	ne bady after death.	opinion deom occorred an me d	ore alla noor and nom me
R ATTENI retained FECTOR: A 3 should with the	П	22b. SIGNATURE	1 11-11	DECEDE ATTENDING &	MED STAFF 22c	DATE SIGNED
DIRE bergedveetv		11 MV	werney	Drower NHD	MED STAFF DIRECTOR PHYS.	11/14/68
PITAL may RAL I		22d. PHYSICIAN'S NAME (Type) GEOR	CE H. WITCHE	= CL 14, D 270. ADDRESS	ROCKVILLE PIKE,	ROCKVILLE, UMD.
OSP JNER ctar,	224		DATE 23c NAME	OF CEMETERY OR CREMINION	23d QCATION (City or Town)	(County) (Stote)
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should shauld be filed with the	234	REMOVAL (Specify)	1-23-68 Ex	en Cometery	Miladelphi	ia, tenn.
₩ ₩ A15 (4)	24	FUNERAL DIRECTOR	ADDR	ESS 2500 PS	By REGISTRAR 1968286. REGISTRAR	SIGNATURE .
30M REV. 1768	V	their Funeal	Horne, 3831 Lec ar	& /W PIRCH DE DATE		0



/ 1	18136 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1817 1
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eath.	1 DECEASED NAME First Middle Last 20 DATE OF DEATH 25 HOUR (Type or print) / 1 47 Day Year 25 First Middle Last 25 Hours
deat	William K. S. (Ennery, Sr.) Tro- 7 1968 1 A M
# 1 2 2 E	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 MRS. Igst bythday) MONTHS DAYS MOURS MIN.
Poge Lins of	13 sale While 4/10/1/190 1/4/18 VRS
24 hours led in by appers. Pogapers. Pogapers.	70 BIRTHPLACE (Stote or foreign to CITIZEN OF WHAT COUNTRY? 8 MARRIED SINEVER MARRIED WIDOWED DIVORCED OF COUNTY OF DEATH
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PHYSICIAN: The low requires that the death certificate be execute hospital or attending physician. An it is certificate has been signed by the attending physician and constructed for use os the buriol-transit permit. Then please remove Dept. of Health prior to buriol, cremation, or removel, and in any expense.	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MA DEN NAME First Middle Lost
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ertificote bu physician (nen pleose novol, and ii	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown (II) yes give wor or dates of service) 17. INFORMANT (Three Medice Medices of service)
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th certification phy Then Inemovol	18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c). PART DEATH WAS CAUSED BY PART DEATH WAS CAUSED BY OR THE PART DEATH WAS CAUSED BY OR THE PART DEATH WAS CAUSED BY OR THE PART DEATH WAS CAUSED BY
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though the cream c	rise to immediate cause (a), but 10, OR AS A CONSCOUNCE OF
equires that the death ce physician. signed by the attending buriol-transit permit. Th buriol, cremation, or rem	last (1) 5 1 cl algree Verchanterferry la lemat perconstrar
phy sign bur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4)
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OR ATTENDING PHYSICIAN: The low requires that the debe retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the atteraction in the standard for use os the buriol-transit peried with the State Dept. of Health prior to buriol, cremation.	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216 TIME OF INSURY 2216 HOW INSURY OCCURRED. (Force nature of insury in Part 1 or Part 2, Item 18)
The after attended to the second of the principle of the	YES AND OUTS OF STATING
AN: al ol cate or cate	
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 should be detached for we led with the State Dept. of Heali	首 (If either, notify medico, examiner) P.M. 19
JING PHYSIC by the hospi frer this certi be detoched State Dept. of	Ville NJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f, LOCATION Street or R.F.D. No. City or Town County State
at te Det	at wark at work
DING by th Affer the be de State	22a. I certify that (I) (this haspital) attended the deceased from
the the	causes stated bave, (1), (we) (did) (did not) view the bady after death.
ATTE etaine etaine shoulkith the	22b. SIGNATURE 22c. DATE SGNED
OR DIRE	DEGREE PHYS DIRECTOR STAFF DIVISION DIRECTOR DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DIVISION DI 14/7/629
moy be moy be RAL DIR r, page be filed	22d. PHYSICIAN'S PORFERIT O MACCON
ro HOSPITAL Page 4 moy O FUNERAL I director, pag should be fill	MAME (Type) ROBERT C. MACON 809 Viers Hill Kel, Kockville, Hel'
O HOSPIT Page 4 m O FUNER/ director, should be	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
5 5 5 4 4 4	Nov 11, 1968 Fairview Cemetery Allentown, XX. Lehigh Pa
VR A15 (4)	24. FUNERAL DIRECTOR Robert A. Pumphrey Bethesda, Md. 250. RECD BY REGISTRAR 250. REGISTRAR 250
30M REV 1/68	Robert A. Pumpirey Bethesda, Md.



MAKTLAND STATE DEPAKIMENT OF BEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1615 1 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2a. DATE OF DEATH Middle 2b. HOUR death (Type or print) Month 25 6. AGE (In years last birthday) far use as the burial-transit permit. Then please remove carban papers. Pages 1" Health priar to burial, crematian, or removal, and in any event, within 72 haurs after SE UNDER 1 YEAR ed within 24 haurs after 3. SEX 4. RACE . DATE OF BIRTH IF UNDER #4 HRS. in by the Pages MONTHS DAVS HOURS YRS 75. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED (ountry) montgome WIDOWED [DIVORCED [filled 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR INDUSTRY, during most of working life, even if refired) and completely fi 13e. STREET AND NUMBER 13d IRSIDE CITY LIMITS? admission) STATE NO [YES Y Middle 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Schram Kennicutt Mary attending physician sermit. Then please TENDING PHYSICIAN: The law requires that the death certificated 17 INFORMANT 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Helen M. Kennicutt 9408 Biltomore Dr 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) tir Cardinasulae DUE TO, OR AS A CONSEQUENCE OF signed by the Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept af Health priar to 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a, AUTOPSY? CAUSES OF DEATH? YES [NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street of R.F.D. No 21d. IN.JRY OCCURRED City or Town County Stote While Nat while ot wark 22a. I certify that (1) (this haspital) attended the deceased from 1968, and that in (my) (aur) opinian death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATUR **ATTENDING** MED DIRECTOR STAFF TO HOSPITAL OR PHYS 22e ADDRESS Page 4 may 22d. PHYSICIAN S 217 UNIV. BLUDE, Silver SPRAG Ma. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (State) 230 BURIAL, CREMATION (County) REMOVA. (Specify) Washington, -29-1968 Glenwood Cemetery 25b. REGISTRAR'S SIGNATURE ADDRESS Sil. Spr. Md. ZSo. REC'D BY REGISTRAR Glen Carter VR A15 [4] 30M REV. 1/68 Inc. 8434 Georgia Avertose 1Charles



A 1		ems 18&22a Film 407 MARYLAND STATE DEPARTMENT OF HEALTH 2-5-68 amsplysion of vital records, 301 w. preston street, baltimore, maryland 21201	
FOR STATE	1	15136 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	ú 1 C.
HEALTH DEPT		ECEASED NAME First Middle Last 20 DATE KNOWN Month Do	
3 to Poge	3 5	Elmore Stanley King S.R. DEATH MATED 11-1	
ny delay 1, 2, and 3 m PM3. Po Deportment		Visto White 10 26 11 50 binhdoy) MONTHS DAY'S HOURS M.M. Month Day	Year Year
2, c PA Port		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	168 4:19A
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deoth with for me State	10 (KIND OF BUSINESS OR
る の (学事業) //		Takoma Park Washington San & Hospital Treasurer (C)	redit Union
2 % S	13a.	usual Residence (Where deceased lived if institution Residence before 13c. CITY OR TOWN 13d MSDECTY LAMIS? 13e STREET AND NUMBER 13 MONTE gomery Silver Spring X NO 10712 Tenbrook	Drive
Thours Hem 18 Office Tond 2 offer d		ATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Last
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I within 24 in pellul in Exominer's Exominer's File pages of 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? (8s, na, at unknown) (11 yes give war or dates of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Daily B. King ADDRESS Sil. 577-48-2062 17. INFORMANT Daily B. King 10712 Jenbroo	Spr., Md. E Drive
ed with in period in Exon		18 CAUSE OF DEATH (Enter only one cause per one for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
edice with		PART I. DEATH WAS CAUSED BY Acute bilateral pulmonary embolus	
d 'pening' in Chief Medical E. Itansif permit. F y event within		DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if ony, which gave) rise to immediate cause (a). (b)	
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+ - = -		210 EXTERNA. CAUSE WAS 21b TIME OF INJURY Manth Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem	1B.)
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Pog ar y R: P.		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
E exect for. Po ed far CTOR: burios,		deoth resulted from. Notural causes 🛣 Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner]
please directs retoine DIREC or to b		CHIEF MEDICAL EXAMINER	
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VR A15ME (5)		rner E. Pumphrey. Inc. 8434 Georgia Avenue DATE 100 1968	0 0



			MAKTLANI	STATE DEPARTMENT OF H	EALIH	
14		40400	DIVISION OF VITAL RECORDS, :	301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
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Trate please al, and al, and	Y	es, no, or unknown) (If yes give war	or doles of service] 46 579-05-4	1930 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	2509 Kill	lelphi, Md. Ideer Avenue
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The affe	E E			YES NO 📑	CAUSES OF DEATH?	
Or	L CERT	210. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY HOUR A.M. Month Doy Year	21c HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2, Item	18.)
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HYS hos s ce oche ept.	W.	21d. INJURY OCCURRED 21e. P	LACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f LOCATION Street or R.F.D. No.	City or Town C	aunty State
the derive of D		at work at work				
by Stat		22a I certify that (1) (this	haspital) attended the decease	d from 30446, 19.5 68, and that in (my) (aur) apri	4, to 11/28, 1960	3_, that (1) (we) last
TENDING ned by th OR: After to ould be d		causes stated abave.	(I) (we) (did) (did nat) view the b	pady after death	nian death accurred an the date	and havr and tram the
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SPIT 4 m 4 ER 7 or, 1d b		NAME (Type) JAME			. AUE. SILVER S	PRING, MD,
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VR A 3 (4) 30M REV. 1 68	24. fr:1	FUNDRA DIRECTOR				
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- 1.			DIVISIO	N OF VITAL	MARYLAND ST/ . RECORDS, 301 W				ARYLAN	ID 21201			
FOR STATE		16140	DIVISIO		DICAL EXAMIN					21201		1615	4.4
HEALTH DEPT.	1 D	(CEASED-NAME Type or Print)	firs RI	t	Middle SUE		Lost KING			DATE KNOW OF ESTI- DEATH MATER	_ 11	,	26 HOUR 5:30P
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7	24	PEMOVAL (Spec	1/y) Q	2/2	168 Ten	well En	namu	L250 REC'D	By REG ST	rdok	e for	S SIGNATURE	1/4
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		16141 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1015.
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oe exercing and confinence	14.	FATHER NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle Lost
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certificate be executed within 24 hours a physician and completely filled in the Then please remove corbon pages and movol, and in any event, within 70 hours	100	WAS DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO 17, INFORMANT 49.5 Washington of West Laws of Service) 577-16-1166 Victor & Stage Ann now - 02132
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S PHYSICIAN the hospital of this certifical detached for Dept. of He	₩ B	21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME FARM. STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
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DING I by the After I be d	ш	22a. I certify that (1) (this haspital) attended the deceased from 1964, 19 , to 11/16/166, 19 , that (1) (we) last
ENDIN ned by R: After uld be the Sta	1	saw the deceased alive an
ATTE etoine CTOR: should rith th		22b. SIGNATURE 22c. DATE SIGNED
OR ATTENDING be retained by th SIRECTOR: After the 3 should be de ed with the Stat		Frederich Culled My DEGREE PHYS DIRECTOR DIRECTOR 11/16/60
		28d. PHYSICIAN S 22e ADDRESS 72 N.B. B LEGG.
TO HOSPITAL OR ATTEN Poge 4 may be retained TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		NAME (Type) FREDERICH S CAUSIAN RUENVINO MARILLAND
O HOSPI Poge 4 m O FUNER director, should b	230	BURIA., (REMATION, 23b DATE 23c NAME OF (EMETERY OR (REMATIONY) 23d LOCATION (City or Town) (County) (Stote)
5 5 5 2 3		MONASPENS 18NOV. 1968 FORT LINCOLN CEMETERY QUITLAND MD.
VR A15 (4)	24,	FUNERAL DIRECTOR ADDRESS ACT 200, Y 250. REC D BY REGISTRAR 25b. REG.STRAR'S SIGNATURE DATE NOV 19 1968 ACTION DATE NOV 19 1968
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MAKILAND STATE DEPAKTMENT OF HEALTH



1		TLAND STATE DEPARTMENT OF I		
	16148 DIVISION OF VITAL REC	ORDS, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	16156
		CERTIFICATE OF DEATH		
	DECEASED-NAME First Middle (Type or point)	ν_{l} .	2a. DATE OF DEATH Month Doy	Year 26. HOUR
	Catherine A.	1 lein	1100, 19	1968 4 P. M
3. 9	Female White	S. DATE OF BIRTH	last birthday) MC	ELNDER) YEAR IE UNDER 24 HRS. CINTHS DAYS HOURS MIN
7a cai	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEMH	√ Md
70.			AL OCCUPATION (Kind of work done)	12b. KIND OF BUSINESS OR INDUSTRY
13a 15 adn	a. USDA. RESIDENCE (Where deceased lived, if institution Residence	before 13c CITY OR TOWN 13d INSIDE CITY L	HOMEMAKER UMNIS? 130 STREET AND NUMBER O O G G G G G G G G G G G G G G G G G	P
7 E			- IIVA LION	DOAD
14,	FATHERS NAME First Modele	Suit Suit	First Middle	KRAMER
160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or Lightnown) (If yes give war or dotes of service) 5-77-		9122 Etozz Ron	d. 1.8. ml
	18. CAUSE OF DEATH (Enter any one cause per line for (a), (b), PART I. DEATH WAS CAUSED BY.	and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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		BUT NOT RECAILED TO THE TERMINAL DISEASE OR	TONDITION GIVEN IN PAKE I(0)	
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MED	While Nat while	STREET FACTORY) 21f. LOCATION Street or R.F.D. No	City or Town	County Stote
	22a. I certify that (I) (this hospital) attended the	desagged from 10/27 10/	67.10 11/19 196	, that (I) (we) last
	saw the deceased glive an causes stoted obove (1) (we) (did) (d.d nat) viii	19 68, and that in (my) (our) op:	mian death accurred on the dote	ond haur ond from the
	226. SIGNATURE		22c QA	TE SIGNED
	Baine G. Bude	DEGREE PHYS.	MED. DIRECTOR D PHYS D 11/1	9/68
	22d PHYSIC AN S NAME (Type)	22e ADDRESS		
230		AME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
L	30RIAL 11/22/1968 1	Y HILL CEMETERY	ALEXANDRIA	VIRGINIA
24	FUNERAL DIRECTOR gartinu wa	il Mote	BY REGISTRAR 2Sb REGISTRAR'S SH	ENATURE
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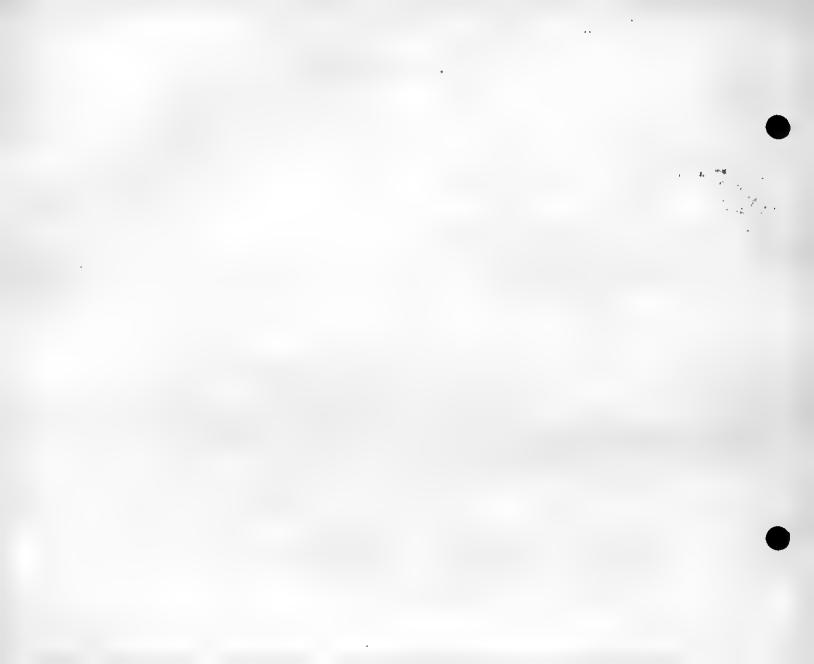


MAKYLAND STATE DEPARTMENT OF HEALTH

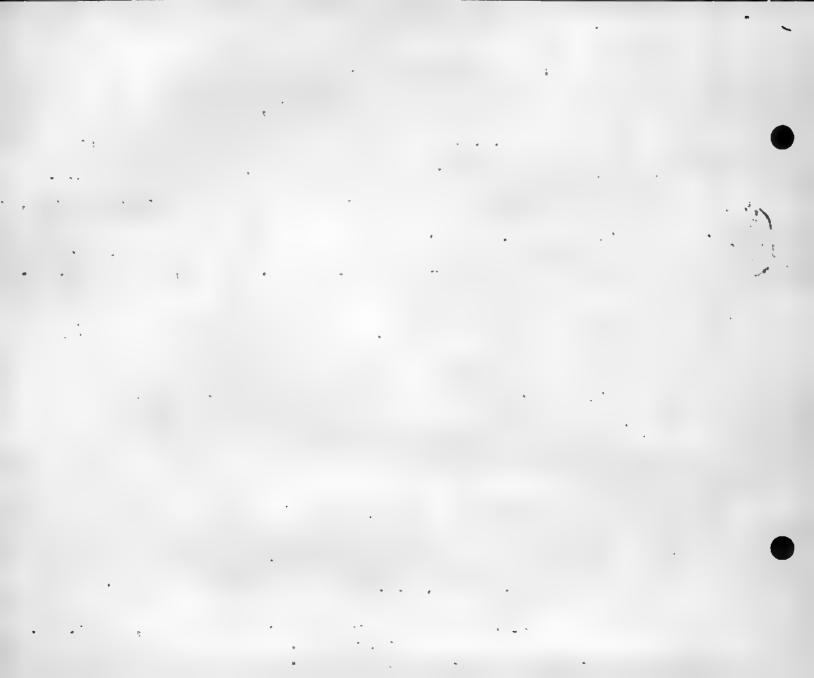




				IND STATE DEPARTMENT OF F		
1		40412	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	10100
		16145		CERTIFICATE OF DEATH		16159
, 5 E	I. Di	CEASED-NAME Fig.	st Middle	Last	2a. DATE OF DEATH	2b. HOUR
death.		ype or print) Fo	E.	Komtz	Month Do	14/400 68 820 M
5 / 12 / 3	3. SE	X	4 RACE	S. DATE OF BIRTH	6. AGE (n years	IF UNDER 1 YEAR IF JHDER 24 HRS.
# (1 4 4 7		M	N	12.7-00	last birthday)	MONTHS DAYS HOURS MIN.
ours bour	7o I	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
d in pers	CORL	W857 VA.	U.S.	WIDOWED DIVORCED	Montgomer	Md.
physician. signed by the atending physician and competely filled in by the atending physician and competent within 72 hauf atendeath burial, cremation, ar remayal, and in any event, within 72 hauf attendeath	1D. (lever Chase	11. NAME OF HOSPITAL OR give street address)	The stia filmer during me	L OCCUPATION (Kind of work done ast alloworking life, even if retired)	126. KIND OF BUSINESS OR INDUSTRY
arba arba	130.	4	eased I ved, if institution: Residence before	44.67	MITS? 13e STREET AND NUMBER	
regulad move canno ny event		ssian) STATE Maryes		A. 110 ver V ve		& Rill Fance
any on y	14, 1	ATHER S NAME FIRST	Middle Lost	15. MOTHER'S MAIDEN NAME F		Lost
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e death certificate L attending physician sermit. Then please on, ar remaval, and	160. Y	WAS DECEASED EVER IN U.S. Alles, no. or unknown)	RMED FORCES? 16b SOCIAL SECURIT		Address	4410 Noyes Ave
rertii p phy hen navo			only one cause per line for (a), (b), and		rollord Charle	APPROX MATE INTERVAL
ath ording		PART 1. DEATH WAS CAUS	SED BY:	Solial Laily		BETWEEN DISET AND DEATH
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thal an. by trans		rise to immed ate couse (a) stating the underlying couse		OF /	1 . / . /	
ires ysici ned rial-l		last	(c) A776	NIOSCIENC IC	Mont Wis	440
requ g ph s sig		PART 2. OTHER SIGNIFICANT C		NOT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(o)	
law Deer the	TION	190 DATE OF OPERATION 19	DECONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
IAN: The law requires the toll ar attending physician. ficate has been signed by far use as the burial-trail Health priar to burial, cre	CERTIFICATION	None		YES NO D	CAUSES OF DEATH?	
NN: Or or or or us		210. ACC DENT WAS, UNDERLY			nature of injury in Part 1 or Part 2,	Item 18)
SICL Spito Partific af t	MED CAL	(If either, not fy medical exar	miner) P.M.	19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please shau d be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and in	2	21d INJURY OCCURRED 21 While Not while at work at wark	THE PLACE OF INJURY (AT HOME FARM, STREET, DEFICE BUILDING, ETC.	FACIDRY) 23f LOCATION Street ar R.F.D. No	City or Town	County State
ING by th ter t			this hospital) attended the decer	rsed from	, to present	, that(1) we) last
END FR. Af Mr. Af The S		sow the deceased	ve (1) we) (did) (did not) view th	19 AF, and that in (my) (our) opi	nion deoth occurred on the d	ote and hour and from the
OR ATTENT OR ATTENT DIRECTOR: A IP 3 should ed with the		22b SIGNATURE	i i i i		22c	DATE SIGNED
OR OR DIRE		John S.	Mulian		IRECTOR STAFF PHYS	11/14/68
TO HOSPITAL Poge 4 may TO FUNERAL I director, pag shau d be fil		22d PHYSIC AN S NAME (Type)	HN R. (IMH	HAU 8805	Comm. Aure. 1	Plan March
10SF June 4 June ector	23a	BURIAL, CREMATION, 23b	b. DATE 23c, NAME (OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Pog Pog din she	1	DEMOVAL (Consider)		mbia Gardens Cem.	Arlington	Va.
VR A15 (4)	24	FUNERAL DIRECTOR	ADDRE	SS 2So, REC D B	Z REGISTRAR 256 REGISTRAR	SIGNATURE
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	1			ND STATE DEPARTMENT OF F		
		16110		, 301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	16100
4	<u></u>	16146		CERTIFICATE OF DEATH		
death.		CEASED-NAME First ype or print) TANTE	Middle	Lost	20 DATE OF DEATH Month Don	26 HOUR A
Tunerra	3 58	JANE	MAXWELL 14 RACE	LARGENT S. DATE OF BIRTH	11 / 4	5/ 68 3:30M
hours after to by the the thours after the thours after the thours after the thours after thours after the thours aft	1	^ Female	White		1912 6. AGE (In years last burthday) SG YRS	MONTHS DAYS HOURS MIN
urs Page	_		7b. CITIZEN OF WHAT COUNTRY?		9 COUNTY OF DEATH	
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hin 24 filled pape thin 77	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital 120 USUA	L OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
executed within 24 hours after death and campletely filled in by the funeral remaye carbon papers. Pages 1 and any event, within 72 hours after death		hevy Chase	JII5 Edge	vale Street during By	ecretary	Dept. Stor
ecuted with campletely ave carban y event, wi	13o	USUAL RESIDENCE (Where deceose	ed lived, if institution Residence before	13c CITY OR TOWN 3d. HISTOR CITY LI	4 TS2 13e STREET AND NUMBER	
ecut cam ave y ev			d 136 Montgomery	onery enace of	□ 7115 Edgeva	
and rem	14. 1	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F		lost
de ge	<u> </u>	Abram	L. McGul			Heck
physician en please	100.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give we	one on dates of survival		7115 440000	gevale Street
d a so	⊨			767 Mr. Paul E.	Largent Chevy	APPROXIMATE HITERVAL BETWEEN OMSET AND DEATH
re death cer attending p permit. The		PART I. DEATH WAS CAUSED	ly one couse per line for (o), (b), ond (c) BY:	"Atis Aug	211-0	BETWEEN ONSET AND DEATH Thurths
ded ded frmi		1529 IMMEDIA	ATE CAUSE (0)			1 moners
t the a sit pe		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	Lemas On	utum	11 smuthe
hat n. yy th ansit		rise to immediate couse (o), (stating the underlying couse)	(b)DUE TO, OR AS A CONSEQUENCE OF			
es t sicia ed b al-tra		last.	(c)			
aquires tha physician. signed by burial-tran burial, crer		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)	4.1
law rending been so the light to the light t	l _₹	1. Cerebr	al vascula	- thembri	- 8 min	
s be as to prior	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS P	A	20b IF YES, WERE FINDINGS OF CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The ratter that has as as alth pri		3/5/1968	Sacona	YES NO NO		
AN: al o icat for Hea		210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	H HOUR A.M. Month Doy Year	T I THOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2,	Item 18.)
SICI Ispir eertiif eed	MEDICAL	(If either, notify medical examin 21d INJURY OCCURRED 21e.		ACCORY) 216 LOCATION . Second on D.S.D. Ma	City or Town	County State
ATTENDING PHYSICIAN: The law requires that the death ceretained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending p shauld be detached for use as the burial-transit permit. The state Dept. of Health priar ta burial, cremation, or remover		While Mot while	OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street or R.F.D. No.	City of Town	Coonly stole
NG + + + + + + + + + + + + + + + + + + +		DI WORK DI WORK	is hasnital) attended the deceas	sed from Jan. 7 19	8 to 11/25 19	6 8, that (I) (we) last
NDI ad back id back		saw the deceased al	live an urv, 24	sed fram 19 19 6 and that in (my) (our) api	nian death accurred an the do	ite and havr and from the
TI daise H		causes stated abave	e, (i) (we) (did) (did-net) view the	bady after death.	1 22.	DATE CICATED
OR A be rel be rel 3 s ed wi		1220. SIGNATURE ALARA	I. Morris 1	4. D DEGREE PHYS. D	ED. STAFF ZZC.	DATE SIGNED
AL C Ny be ny be filee		22d. PHYSICIANS NAME (Type) JOH		22- ADDOCCC	ACC C 17	11 110
PIT MO	١.	NAME (Type) JOH	N E. MORRIS, M	.D. /8)) Eye M	-VI - W.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after- Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 shauld be filed with the State Dept. of Health priar ta burial, cremation, or removal, and in any event, within 72 hours after	230	BURIAL, CREMATION, 236. D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
22 2 3 3	В		1/27/68 Hill	Crest Cemetery	Cumberland, A	lleg. Md.
VR ATA VAL	24.	FUNERAL DIRECTOR	7557 物生	sconsin Ave 250 RECO	REGISTRAR 1968 REGISTRAR S	SIGNATURE
30M REV, WOR	R	OBERT A. PIIM	PHREY Bethead	a Marviland DATE		(/ 67



12 12	MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND STATE DEPARTMENT OF HEALTH MARYLAND 21201	
EOD STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3161
HEALTH DEPT	1 DECEASED-NAME First Middle cast 20 DATE KNOWN Month	
SOO. *	(Type or Print)	Α.
378	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years 1) UNDER 1 YEAR 15 UNDER 24 HRS 2c DATE PRONOLINCED DEAD	29-68 19 7:00M 2d HOAR
deloy	Male White 10-6-78948/893 75 YRS MONTHS DAYS HOURS MIN Month Doy	year 1968 Q.EEM
2 2	7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	9 768 19:55
offer death and Signature of the State Description.	country)	Md.
offer death Cyc Pages along with the State eath.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in haspital 120 LSUA, OCCUPATION (kind of work dane	126 KIND OF BUSINESS OR
dec Pult with	Olney give street address) during mast af warking life, even if retired.) DOA Montg. General Indep. 0:1 Industries	
2 with death.	13a USEA. RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER	- VIII I I I I I I I I I I I I I I I I I
6 = 6 2 3	Texas Midland Co. Midland 75 501 Scharbaug	r Drive
offer offer of the part of the	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
See N N	Patrick J. Laughlin Mary Not kn	
ncil in mner mner pages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dotes of service) 16b SOCIAL SECURITY NO. 17 INFORMANT Phyllic Clay Washingt	ton.DC
Exon File	No 164544252 A Medicala Records	APPROX MATE INTERVAL
executed nding" in Medical E permit. I	18. CAUSE OF DEATH (Enter only one couse per tire fet (a), (b), ond (c)) PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND CEATH
ding ding ledic	IMMEDIATE CAUSE (a) CHICAGO (AMBIETTACIONE)	Cry
ef N ef N ssit	Cand, Jians, If any, which gove) DUE TO, OR AS A CONSEQUENCE OF	ke so
T Charles	rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed with he word "pending" in peto the Chief Medical Exort buriol-tronsit permit. File I in any event within 72	last underlying couse	
biCAL EXAMINER: This certificate should be executed within se execute the certificate, writing the word "pending" in pencil is star. Page 4 should be farwarded to the Chief Medical Examiner ned for your files. IECTOR: Page 3 shauld be used as a buriol-transit permit. File page 5 buriol, cremotion, or removal, and in any event within 72 hour	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
fired ing rded os os	4	
verifi wriji rwa rwa sed	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
his of the far of the	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 121c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2.	YES NO
TY DICAL EXAMINER: This certificate sy, please execute the certificate, writing the stal director. Page 4 should be farwarded to be retained for your files. AL DIRECTOR: Page 3 shauld be used as a british to buriol, cremotion, or removal, and		Item 18)
NER: e cert should files. 3 shau otion,	GLUSE OF DEATH P.M. 19	
the the bur file 3 cmo	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form street, foldery, affice building, etc.) 21f LOCATION Street or R.F.D. No. (Ity or Town	County State
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to buriol, crem	AT WORK AT WORK	
AL for for sriol	22a. I certify that Took charge of the remains described above, held an Autapsy , Inspection Inquiry	2
please e I director retorned L DIRECT ior to bu	deoth resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
please directral directransers or to b	ACTUAL CHIEF MED CAL EXAMINER	E SIGNED
	SIGNALUKE -	DO IGICA
o DEPUTY DICA necessary, please ex the funeral director. 5 may be retained to DUNERAL DIRECTO Health prior to bur	EXAMINER'S NAME (Type) ADDREST(Street of V, 100 pc), or county)	27.1768
TO DEPU necessa the fun 5 may 10 FUNE Heolth	KOLOON V VOOD III II	(County) (State)
	Bursaln Dec. 3, 1968 Rest Haven Mem. Park Midland, Te	exas
	INDICATION CONTROL OF THE LOCAL PROPERTY OF	
VR ATSME (5) 10M REV 1/68	Varner E. Pumphrey, Inc. 8434 Ga. Ave. Sil Spg. Modern El 5 1968 your	elen Gudar
		Contract of the second



		MARYLAND STATE DEPARTMENT OF HEALTH
11		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	1	18148 CERTIFICATE OF DEATH
نے ۲۷ سرنے		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
te de la constant de	(Type or print) gortrade E. Lederer 11 Month 10 Day 6 Page 1225 M
ors of er ours after ours after o	3 5	
by Pours	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH
in 24 haurs filled in by papers. Pe	cou	DC USA WIDOWED D DIVORCED Montgomery Md
within 24 tely filled rban pape , within 77	i .	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (K not of work done give street oddress) 120 USUAL OCCUPATION (K not of work done during the property of work done in
executed with	130	USUAL RESIDENCE (Where decrosed lived, if institution, Residence before 13c EFTY OF TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER 13b. COUNTY MONTH, WHEATON YES NO 2713 FLACK S1
B 5 %. S	14,	FATHER'S NAME, FIRST MIDDLE C. HEITMULLER EMILLY MIDDLE MYDDER (UNK)
physician en pleasi oval, and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ELIZABETH - HAddress MILLISON
the death ce the attending isi permit. The		The Cause of Death (Enter only one couse per line for (o), (b) grad (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if only, which gove need to immediate couse (o), stoting the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF
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PHYSI he hasp this cer letache & Dept.	ME	21d INJURY OCCURRED While Not while of work OFFICE BRILDING, ETC. 21f LOCATION Street or R.F.D. No. City or Town County Stote
ATTEN etained cTOR: A should with the		220. I certify that (I) (this hospital) attended the deceased from
O HOSPITAL OR Page 4 moy be 1 O FUNERAL DIRE director, page 3 shauld be filed v		22d PHYSICIAN'S NAME (Type) BELDEN R. REAPH, Dear in the atom, 700 C.
Page Officer Shau		BURIAN REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 11-13-1968 GEO, WASH MEMPK-CEM, NIGGS. RA
VR A15 [4] 30M REV, 1/68	24,	FUNERAL DIRECTOR 250 REC'D BY RÉGISTRAR 25b. REGISTRAR'S SIGNATURE 14W. CHAMBERS - 14W CHAPIN STUMP DATNOV 14 1968 SCharles Judge



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1.5		18149	DIAIZIO	N OF VITAL RECORDS		TE OF DEAT		MAKYLAND 212	201 131	6.3
. 2.	1 D	CEASED-NAME	First	Middle	CERTIFICA	Lost		OF DEATH		2b HOUR
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1 1 1	3. 51		4. RACE	LOOMIL		DATE OF BIRTH	1101	6. AGE (in vec	OF S OF JAMES 1 YEAR	
in a die	L	Male		Caucasian		Feb. 25, 1	r305	6. AGE (in year last butbaby	GYRS MONTHS DA	YS HOURS MIN
hours		BIRTHPLACE (State or foreig		OF WHAT COUNTRY?		NEVER MARRIED		OF DEATH		
	L	Pennsylva	nia US		WIDOWED	<u> </u>		tgomery		Md.
\$ \\\ \alpha \\	10. (TTY OR TOWN OF DEATH Bethesda		11 NAME OF HOSPITAL OR I give street oddress) Naval Hosp	nsiliulion (ir mar v4 1: a]	in haspital 120 duri	ag mast of work	ION (Kind of work ing life, even if ret IVY	fired.) INDUSTRY	OF BUSINESS OR
nt, various /	130.	USUAL RESIDENCE (Where	deceosed lived, if	institution: Residence before	13c. CITY OR T	OWN 13d, INSIDE		STREET AND NUMI		
cample ove	adm	ission) STATE Mary	land Jb (0)	UNTY St. Mary's	Hollyw	ood YE	№ 🗆 Е	Route 2,	Box 315	
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and camalists as the burial-transit permit. Then please remove the priar ta burial, cremation, or remaval, and in any even	14.	ATHERS NAME First Augusti		iddle Lost Lee	15	Mother's maiden na Mary			^{idle} n Hopkins	Last
te b	160.	WAS DECEASED EVER IN U.			(NO. 17 INI	ORMANT			ress	
tifica shysio n ple val, o	Y		es give war or dates of se			ospital re	ecords			
h cer ing p The		18 CAUSE OF DEATH (En	ter only one couse	per line for (a), (b), and (a))				APPR BETWEE	OXIMATE INTERVAL EN ONSET AND OEATH
death rend rent.		, IA	AMEDIATE CAUSE (o)FOLDIONALI	EDEMH H	ND CONJES	TION			
that the d an. by the att fransit per		Conditions if ony, which		O, OR AS A CONSEQUENCE O			. Drawn	******		
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requires that the g physician. signed by the a g burial-transit pe a burial, crematian		stoting the underlying clast.	0036	(c)	r					
auire phys agne suria		PART 2. OTHER SIGNIFICAL		NTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION (GIVEN IN PART 1(o)		
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V: The law requires the are attending physician. The has been signed by use as the burial-traisalth priar ta burial, cre	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION WAS F	ERFORMED	20a. AUTOPSY?			DINGS CONSIDERED II	CERTIFYING
The raff	RIFF	01 100000000000000000000000000000000000					· L:	USES OF DEATES		
VDING PHYSICIAN: The law red by the haspital ar attending After this certificate has been doe defached far use as the estate Dept. af Health priar ta		21a ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	OF OFATH HOUF	FIME OF INJURY R.A.M. Manth Day Yea	r	NJURY OCCURRED	(Enter nature of	injury in Part 1 or I	Part 2, Item 18.)	
YSIC aspiraspi certi thed	MEDICAL	21.4 MILLION OCCURRED	21e. PLACE OF IN	P.M. UJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	19 ACTORY.) 21f. LOC	ATION Street or R.F.I) No	City or Tawn	County	Stote
JING PHYSICIAN by the haspital ffer this certifica be detached far State Dept. af He		While Nat while at work								
by After Stat		220. I certify that 3	l) (this hospito) ottended the deceo	sed from	Oct. 23 ,	19 <u>68</u> ., to_	NOA S	_, 19 <u>00</u> _ , th	ot (F) (we) lost
OR ATTENE be retained DIRECTOR: A e 3 should ed with the	П	causes stated o	ibave,(P) (we)	l) ottended the deceo Nov. 2 (did) (di 871017V iew the	body ofter de	ath.	opinian aea	in occurrea an i	ine date ond no	ond from the
ECT AT		22b SIGNATURE	- 1	1		ATTENDING			22c DATE SIGNED	
		Vile 1	Lir	ehner	DEGREE	PHYS. L.	MED DIRECTOR (STAFF ED	Nov. 4,	1900
Page 4 may be retained to FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type) PET	ER T. K	IRCHNER		22e. ADDRESS Naval	Hospita	1, Bethe	sda. Md.	
HOSPII Page 4 m Funer Should b	230	BURIAL CREMATION,	23b DATE	23c NAME O	F CEMETERY OR C			ATION (City or Towi		(State)
22 2771		REMOVAL (Specify)		RS.68 Arling		ional Cem	etery A	clington,	Arlingto	n, Va.
VRA)5,(4)	24.			Funeral Homes	S		O BY REGISTRA	3 1968 REGIS	STRARS SIGNATURE	O. dea
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			•		MARYLAND	STATE DEPA	RTMENT OF HE	ALTH			
5	1	- 1	18150	DIVISION OF	VITAL RECORDS, 3	301 W. PRESTOI	N STREET, BALTIN	ORE, MARYLAND	21201	6164	
		- 1	W 0 7 0 0		C	ERTIFICATE	OF DEATH		Л.,	0 . 0 .	
	ਦੂ "_ਨਦ	1	1, DECEASED NAME	First	Middle	Las	t	2a. DATE OF DEATH			2b HOUR
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	Page Irs a		FEMALE		HITE		8/31/8	8	YRS.		
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	phy en ova	-	110	^ ^ ^	NONE	LEISTE	R, RICHAR	РА,	POTOMA	APPROXIMATI	1 D.
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	dw idin beer the ar to		190. DATE OF OPERATION		ICH OPERATION WAS PER		AUTOPSY?	20b IF YES, WERE	EINDINGS CONSI	INEDED IN CEDT	DEVING
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	er of the book of	1	210 ACCIDENT WAS UNDE	RLYING 216 TIME OF	FINITIRY			oture of injury in Port 1	or Port 2 Item	181	
	CIAN ifica far far f He		OR CONTRIBUTING CAUSE (If either, notify medical e	DE DEATH HOUR A.M.	Month Doy Year		(and)	or angoly an conce	J. 7011 2, NOIII	,	
	YSIC lospi cert cert cert cert		21d INJURY OCCURRED	21e PLACE OF INJURY	AT HOME, FARM, STREET, FACTO	ORY.) 21f. LOCATION	Street ar R.F.D No.	City or Town	C.	ounty	State
	he he this this leta		While Nat while at work		OFFICE BUHLDING, ESC.	1		·		·	
	ING by t ffer se d		22a. I certify that (1 sow the decease	(this hospital) at	ended the decease	d from APR	14 9, 1961	3, to_NUV, 2	<u>8, 19, 6</u>	<mark>८</mark> , that (Î	(we) last
	R: Al	- 1	sow the deceos	bove((i) (we) (did)	(did not) view the h	್ತ್ರಿ &, and that i adv after death	n (my) (our) apini	an deoth accurred (an the date o	and haur on	d fram the
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	TAL AL C Pag Pag	7	22d PHYSICIAN S NAME (Type)	4 = A	7 . 2 -1		e. ADDRESS	DOIN NIE	es see	=00 W6	- A4 D
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	Page O FUN	7		23b DATE		EMETERY OR CREMATO		23d. LOCATION (City or		. 11	(Stote)
	5-5-4		REMOVAL (Specify) HITCH ALL 24. FUNERAL DIRECTOR	12/2/68	Fort T	incoln i	ausoleni	Rladens	DITTO P	r. Geo	. Ma
	VR (18 (1)	8		in the court and a	7557	sconsin	AVE DEC	1968	REGISTRARY SIGN	To Jud	A Comment
		*	ROBERT A.	FUPIFI. REY.	Betaesda	a. maryh	ALL PAIR		U	1/	



1				OF STATE DEPARTMENT OF		4.3.4.0
Contract of the Contract of th	16151		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (1617)			
4 _ 2 4		ECEASED-NAME First	t Middle	Last	20 DATE OF DEATH	26 HOUR
de at de at	((ype or print)	# GORDON HOWARD LI	ESTER. SR.	Mpnth 26-	5:10.M.
	3. \$	X	4, RACE	5. DATE OF BIRTH	6 AGE (n years	IF UNDER 1 YEAR IF UNDER 24 HRS
		Male	White	1-6-04	last birthday) 64 Yi	RS. MONTHS DAYS HOURS MIN.
haurs S. Per hours		BIRTHPLACE (State or foreign	76. CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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campletely filled in over carban paper y event, within 72	10. 1	HTY OR TOWN OF DEATH	11 NAME OF HOSP TAL OR I	NST TUTION (If not in haspital 120 U	SJAL OCCUPATION (Kind of work do most of working life, even if retired	
ed withi		Takoma	Park Was	sn. San. & Hosp.	<u> </u>	i.)
pple car	13a adm	USUAL RESIDENCE (Where decectission) STATE Md.	used lived, functiful an Residence before	B 13c CITY OR TOWN 13d. INSIDE CI	NO 904 Jacks	A
execute ind camp emove any eve						
be exected and consistency and	14	FATHER'S NAME From Paniel	Middle Last Lester	1s. MOTHER S MAIDEN NAMI	First Middle eresa Seiwert	Lost
icate icate	160	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b SOCIAL SECURIT	Y NO. 17 INFORMANT	Address	
		'es, na, ar unknawn) (1f yes gwe	war or dates of service)	Mrs. Dorothea	a Lester - Wife	
e e e e		18 CAUSE OF DEATH (Enter o	inly one couse per ling far (a), (b) and (().)	1 1 5	APPROXIMATE INTERVAL GETWEEN ONSET AND DEATH
Cleared with Medical Examiner / bb PHYSICIAN: The law requires that the death certificate be executed within 24 haurs the hospital ar attending physician. this certificate has been signed by the attending physician and campletely filled in by detached far use as the burial-transit permit. Then please remove carban papers. Pa e Dept. af Health priar ta burial, crematian, or remove, and it any event, within 72 hours	П	PART I DEATH WAS CAUSE	ED BY HALL COLOR	Corpus 7	moun Hoses	Ihr
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The site of the si	П	Conditions, if any, which gave use to immediate couse (a),		Dr Des	C152-	3465
fedical E equires that th physician. signed by the burial-transit t	П	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F		1
It.c. lires ysidi ned indi-		last	(c)	The state of the s		
Mec requ g phr sign e bur a bur		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	OR CONDITION GIVEN IN PART 3(6)	
vith M the law reatending affending has been se as the h priarta	CERTIFICATION	1 2	. CONDITION FOR WHICH OPERATION WAS I	PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
writ	18			YES NO	CAUSES OF DEATHS	
N: T ar ar are l		21a. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED (E	nter noture of injury in Parl 1 or Port	2, Item 18.)
ared vrscian: vspital ar certificate hed far us of Health	MEDICAL	OR CONTR BUTING CAUSE OF DEA	ATH HOUR A.M Month Day Yeo	or 19		
Cleared with M SING PHYSICIAN: The law re by the hospital ar affending tfer this certificate has been be detached far use as the State Dept. af Health priar ta	N.	2 d ile .pv ncciippen 21/		FACTORY) 21f LOCATION Street or R.F.D.	No. City or Town	County State
CI e		While Not while at work				
		22a, I certify that (I) (t	his haspital) attended the decea	sed fram 9 6, 19	10/1-26,	1966, that (I) (we) last
		saw the deceased causes stated above	re, (I) (we) (did) (did nat) view th	e bady after death.	ipinian death accurred on the	date and havr and from the
ECT O		22b. SIGNATURE	To Para	ATTENDING (MED STAFF	2c. DATE SIGNED
DIR ed		· and	The comment	LDEGREE PHYS	DIRECTOR PHYS	17504
O HOSPITAL OR TIENI Page 4 may be retained O FUNEAL DIRECTOR: A director, page 3 shauld shauld be filled with the		22d. PHYSTEMN'S NAME (Type) Jar	mes Whitlock, M.D.	22e. ADDRESS	and Ava T	Example und.
O HOSPITA Page 4 may O FUNERAL director, pc	230	BURIAL, OFMATION, 23/	DATE 234/TVAME O	CEMETERY OF CREMATORY	23d OCATION (City or Town)	(County) M/(Stota)
TO FUN		REMOVALISPECTATION /	or 30-1968 It. La	ucola 1	Hasauxer	9 M. J. Leo. 1/1
VR AIS 4	24.	FUNDRAL DIVECTOR	2 X ADDRE	SS 250 REC	D BY REGISTRAR 2Sb. REGISTR	S SIGNATURE
30M REV 168	L	Juliur 11	allers . 127	DATE	NOV 2 9 1968 90	worker Judge





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16167 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME (Type or Print) First Last 20 DATE KNOWN ESTI lean. Page artment of DEATH MATED 3 SEX 4 RACE S DATE OF BIRTH F .. NDER 1 YEAR F UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR ny dela 2, and 3 PM3 P JUNC . 24.68 YRS 7a BIRTHPLACE (State or fare an 76 CITIZEN OF WHAT COUNTRY? NEVER MARRIED SAL 9. COUNTY OF DEATH Item 18. Give Pages 1, 71.5.1 WIDOWED [DIVORCED [MONTALMOTER 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN DE DEATH 12a. USUAL OCCUPAT ON (Kind of work done during most of working life, even if retired.) 13d INSIDE CITY LIMITS? 13a USJAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136 COUNTY Rockville Md YES X NO Office 14. FATHER'S NAME M dále IS MOTHER'S MAIDEN NAME Middle David Majzel Lora Lilly 166 SOCIAL SECURITY NO 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT **ADDRESS** (Yes, no. opunknown) (If yes give war or dates of service) within 72 | Father - same - above # 13A APPROXIMATE INTERVA. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit, BETWEEN OWSET AND DEATH PART I, DEATH WAS CAUSED BY ANOXEMMIA -Sudden. IMMEDIATE CAUSE (a). event 1 DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of mury in Part 1 or Part 2, Item 18) 21b TIME OF NJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HÒUR A.M CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County State factory, office building, etc.) WHILE NOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy 💢 Inspection 🔼 Inquiry 7 and in my apinion deoth resulted from: Notural couses 7. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE Old Georgoebuph Medical examples (X) **EXAMINER'S** 5 may TO FUNE Health John G. Ball Bethe . 1. 1. ADDRESS(Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY BIT REWONNY (Specify) 11/16/68 Stern's Cemetery Cakrood--Varnillion-24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR 25b REGISTRAR S SIGNATURE Tyson Theeler Funeral Home VR A15ME (5) DATE NOV 10M REV 1 68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16163 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 20. DATE KNOWN 1 DECEASED NAME First M.ddie Lost deloy i. nd 3 to Poge (Type or Print) OF. ESTI Chester 50 DEATH MATED ment 4 RACE 6 AGE (In years IF JHDFR 24 HRS 3 SEX S DATE OF BIRTH 2c. DATE PRONOUNCED DEAD P.M.3 P pril 25, 1890 HOURS White Male To BIRTHPLACE (State or foreign count Wew York 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH ce along with Loca Montgomery U.S.A. DIWOOIW DIVORCED [Give Pages 10. CITY OR TOWN OF DEATH 120 USUAL OCCUPAT ON (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12b KIND OF BUSINESS OR industry Hardware dring most of working life, even if settred) 13d INSIDE CITY JIM TSP 13e STREET AND NUMBER 130 USUAL RES DENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 136 COUNTY Montgomery admission) STATE Sil YES NO 2017 Luzerne 24 hours 14 FATHER'S NAME Forst Middle Last 5. MOTHER 5 MAIDEN NAME First Joseph Little unknown hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, na, or unknown) Little 2014 Luzerne Avenue III ves arve war or dates of service) Mrs. Victor 577-03-6720 5 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line to (a) (b) and (c).
PART | DEATH WAS CAUSED BY. should be forwarded to the Chief Medical BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditions, if any, which gave rise to immediate couse (a). ony certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause ⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) В removol CERTIFICATION used 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21a. EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) AT WORK AT WORK 22a | certify that I taok charge of the remains described above, held an Autapsy Inspection Inquiry D and in my apinion Adidept Undetermined manner death resulted from: Natural causes Surcide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED FUNERAL the funeral SIGNATURE Nov. тоу **EXAMINER'S** Beldon R. Reap NAME (Type) 50 230 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (Stote) Cedar Hill Cemetery Maryland 2Sb REG STRAR S SIGNATURE VR A15ME (5) 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18169 18155 CERTIFICATE OF DEATH DECEASED NAME Middle 20 DATE OF DEATH rs after death (Type or print) Month 3 SEX 6 AGE (In years S DATE OF BIRT TE UNDER I YEAR F JINDER 24 HRS iost birthday) DAYS burial-transit permit. Then please remave carban papers. Pages burial, crematian, or remaval, and in any event, within 72 haurs aft MONTHS HOURS YRS. 227 66 o. B RTHP, ACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED D VORCED [filled i 10, CITY OR JOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUA, OCCUPATION (Kind of 12b KIND OF BUSINESS OR INDUSTRY during most of 130. SUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER NO 14 FATHER'S NAME First Middle IS MOTHER'S MAIDEN NAME First and TENDING PHYSICIAN: The law requires that the death certificate be physician (160 WAS DECEASED EVER IN U.S. ARMED FORCES? 366 80C AL SECURITY NO 17, INFORMANT Address Yes no, or unknown) 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c)) BETWEEN DINSET AND DEATH PART 1 DEATH WAS CAUSED BY CAUCINOMA undateum. IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gove t rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) Civehosis Health priar ta ov ta has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED. 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use YES [77] NO I TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.) be retained by the haspital TO DRICONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Yeor directar, page 3 should be detached shauld be filed with the State Dept. of P.M. (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 200-1, 1968, ta 1000, w, 1968, that (I) (we) last saw the deceased alive an 1968, to 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED AFTENDING STAFF PHYS. Nov. 11, 1968 DEGREE PHYS DIRECTOR 220 ADDRESS 22d. PHYSICIAN S wisc. Are. NAME (Type) Stanley Bialek 23b DATE 23d LOCAT ON (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, Montg. REMOVAL (Specify) date of Heaven Silver Spring, 25g., REC'D BY REGISTRAR DATE NOV 13 2Sb. REGISTRAR S SIGNATUR ADDRESS 153 yson Wheeler Funeral Home Rockvil e Rockville, Maryland 30M REV 1/68





		MARYLAND STATE DEPARTMENT OF HEALTH
10	(/(4)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16 17 e
X	(7)	16157 CERTIFICATE OF DEATH
	72 02	DECEASED MAME First Middle Local 12- DATE OF DEATH
157	hours after death n by the funeral s Pages I and thours after death	(Type or print) Month Doy Year 15
	\$ 20 p	Dennie B. Lang Felder 11 7 68 8 8 8 8 M
	fter fte	3. SEX 4. RACE 5. OATE OF BIRTH 6. AGE (In years FUNDER FAR IF JNDER 74 MES lost birthday) MONTHS DAYS HOLES MIN
	ours afte by the f Pages ours afte	temale Caucasion Scot 12, 1872 96 VRS.
-	by P	70. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED Y COUNTY OF DEATH
	4 ho	Melo Hork USA WIDOWED DIVORCED Mont as mark Md
	filled in papers thin 72 h	10. CITY OR TOWN OF DEATH IL MAME OF HOSPITAL OR INSTITUTION (If not in hospital) 120 USUAL OCCUPATION (Kind &) work done 126 KIND OF RUSINESS OR
	Cover within 24 hours after death ampletely filled in by the funeral we carbon papers. Pages I and event, within 72 hours after death	(vestreet oddress) during most of working life, everytifitetired) INDUSTRY,
	arb et	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN) 13d misting CITY Limits? 13e STREET AND NUMBER
	. E = E = S × 2	odmission) STATE MEGINIA 13b. COUNTY FINTE & DOCLORA YES NO 1420 BOMEN boursel DRIVE
	ond comp remove in ony eve	M. CATUER C. MARIE C. M.
	Te de	77 / 1 1 1 1 1 1 1 1 1 1
	on on or	
•	Sicion Pelec	16b. WAS DECEASED EVER IN 5. ARMED FORCES? Yes, no, or unknown) (yes give word and dies of service) 16b SOCIAL SECURITY NO 17 INFORMANT Address De nicle 147-36-9976 Edina S (UI) Service 147-36-9976 Edina S (UI) Service
	phy en ova	TO THE PARTY OF TH
		18 CAUSE OF DEATH (Enter only one cause per line for (q), (b) and (c)) PART I DEATH WAS CAUSED BY. APPEOX MATE INTERVAL BETWEEN DINSET AND DEATH Conclusion APPEOX MATE INTERVAL BETWEEN DINSET AND DEATH
	基	PART I DEATH WAS CAUSED BY. MMED ATE CAUSE (a) Chiling activities Conclusion Death
	de d	4 / 3 DUE TO, OR AS A CONSEQUENCE OF
	the c	Conditions, if any, which gave >
	y the	rise to immediate couse (a). Status the underlying couse (DUE TO, OR AS A CONSEQUENCE OF
	4 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
	ysi ysi gne ria	PART 2 OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o)
	sical plants	Constitution Conditions Contribution to Death But not retailed to the Terminal Disease Or Compilion Given in Part 1(0)
	ding ding een the	
	e ten ten is b os os pric	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2D0 AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	AN: The law requires that the death certificate be well or ottending physician. I do not seen signed by the attending physician and contains the burial-transit permit. Then please remembered the prior to burial, cremation, or removal, and in any	TE 10 Z
	AN: I all all cote or t	
	Pit and a second	OR CONTRESIDED CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19 21d INUITY OF DEPTH 121e PLACE OF INUITY AT HOME FARM STREET FACTORY) 215 OCCATION. Street of R.F.D. No. (4) on Thurs
	has cel	
	this letter De	While Not while at work at work
	ING by the re d	22a. I certify that M (this haspital) attended the deceased fram 9 9 19 4 to 7 19 40 that (5) (we) last
	ND ND ND ND ND ND ND ND ND ND ND ND ND N	saw the deceased glive an 3 20 8 19 and that in (my) (our) opinion death accurred on the date and hour and from the
	A Selection of the sele	couses stated abave, (1) (we) (did) (did nat) view the bady ofter deoth.
	FCT PA	220 SIGNATURE 221 DATE SIGNED ATTENDING MED. STAFF 221 DATE SIGNED
	be 3 ed a	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT
	AL AL Page Page Pfile	PHYSICIAN'S NAME (Type) Stephen Jones 22e ADDRESS (maj ch Rashalle m)
	SPITAL OR ATTENDING PHYSICIAN: The law requires the moy be retained by the haspital or ottending physician. FERAL DIRECTOR: After this certificate has been signed by or, page 3 should be defached for use os the burial-trailed be filed with the State Dept. of Health prior to burial, cre	NAME (Type) Stephen Jone's Rock of My
	O HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit O FUNERAL DIRECTOR: After this certif director, page 3 should be defached should be filed with the State Dept. of	230 BURIA, (REMATION 23b DATE NOV. 8, 1968 Cedar Hill Crematory Suitland Price Md (Gunty)
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a director, page 3 should be detached for use as the burial-transit permit. Then please should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and an	Crematory Suitland Price Md (Qunty)
	(A)	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	VR A15 47-2 45M 1/69	Robert A Pumphrey 7557 Wisconsine Ave. DATE NOV 13 1968 Actionles Judge



	1	MARTIAND STATE DEPARTMENT OF HEALTH	
h T		1 C + E O DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201	
	1	CERTIFICATE OF DEATH	
1 - N-E		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HO	UR
	(1	Type or print) Harald T. Lucken Month Doy Year 4	O N
545	3 56		185 28H
s offi ages s affi	l	To the time to the	MIN
by yd	70. 1	BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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filled thin 74) 10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (14 not in hospital during mass of work done 126 KIND OF BUSINESS O during mass of working the eyep threatrest INDUSTRY	R,
tety wit		present succes de alle and some	5,
executed within 24 hours often and completely filled in by the remove corbon papers. Pages 1 any event, within 72 hours after	odmi	OSLAL RESIDENCE (Where deceased tived, it institution Residence before 13c COTY OR TOWN 13d MSDE CITY LM IS? 13e STREET AND NUMBER 13b COUNTY MONTH BETTERDED YES NO 8500 Fleinwood L. 1	
m v cer	14 1	FATHER'S NAME First Middle Lost . [15. MOTHER'S MAIDEN NAME First Middle Lost	
/o. 8 = =		- Lucken	
orte binding and ii	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no-grankpown) [If yes give wor or doiles of service) Address Address	
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fow from the first the fir	ATIO	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	
The atternation of the second of the principle of the pri	CERTIFICATION	YES THE NO THE CAUSES OF DEATH?	
and the second		210 ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 38)	
	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Doy Yeor [If either, notify medico! exominer] P.M. 19	
YSI losp cert cert cert cert		21d INJURY OCCURRED 21e PLACE OF INNIRY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. (ity or Town founds)	te
OR ATTENDING PHYSICIAN: The tow rebe retoined by the hospital or attending INRECTOR: After this certificate has billing 3 shauld be detached far use as the led with the State Dept. of Health prior to	П	While Not while of work Office Building, ETC	
NG Ny file ter to te	ш	22a. I certify that (I) (this haspital) attended the deceased from 1/100, 1968, to 2007, 1968, that (I) (we) saw the deceased alive an 1968, and that in (my) (our) opinion death occurred on the date and hour and from	- lasi
d b af b		saw the deceased alive an 2.3 Marc 1968, and that in (my) (our) opinion death occurred on the date and hour and from	i the
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OR ATTENE De retoined Be retoined Je 3 shauld led with the '		DIRECTOR LI PHYS DIRECTOR LI PHYS LI (1/20//	
	Ш	22d PHYSICIAN'S 22e ADDRESS 12 17 17 17 17 17 17 17 17 17 17 17 17 17	L
SPI 4 R 4 rd 4 rd 4 rd 4 rd 5 rd 5 rd 5 rd 5 rd		NAME (Type) Horace W. Bernton, M.D. 4743 Breakly Bling my	N.C.
TO HOSPITAL OR ATTENI Page 4 may be retoined TO FUNERAL MIRECTOR: A director, page 3 shauld should be filed with the	230	BUR AL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City) (State)	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		Cremation 11-27-1968 Cedar Hill Crematory Suitland, Prince Georges Co.	, Me
VR AIS , A D	24	EMMERAL D. RECTOR 250 REGISTRAR 250 REGISTRAR SIGNATURE	
45M - 1/60%		N.W. Wash., D.C. 20016 Wisc. Ave. DATE NOV 2 9 1968 Charles Judge	g.
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1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR CTATE		16159 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	13173
FOR STATE	<u> </u>	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		DECEASED-NAME (Type or Print) 20 DATE KNOWN Month OF ESTI-	Doy Year 26 HOUR
lay is Page Page		DEATH MATED //-	-21 1968 / AM
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any de II, 2, and III, 2, and PM3		BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF COUNTY OF DEATH WIDOWED DIVORCED DIVORCED NOT A CARE OF COUNTY OF DEATH	
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de d	E 7.	ENSITIG TON give street oddress) Genders SARIT during most of working life, even if retired.)	
certificate shauld be executed within 24 hours after death writing the ward "pending" in pencil in Item 18. Give Page snwarded to the Chief Medical Examiner's Office along with used as a burial-transit permit. File pages land with the starmoval, and in any event within 72 haurs after death.	130	USUAL RESIDENCE (Where deceosed lived, if institution decreased person person 32 CIDS OR TOWN 430 NS.DE CITY LIMITS? 13e, STREET, AND N. JMBER) red of the company of the c	Rd. Rockville
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ithi enc po e po 2 ho	(aruland
d with the Exor		18. CAUSE OF DEATH (Enter only one couse per large-for (o), (b), ord (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Clite Cornary Mourelles	encu
Me mt v		DUE TO, OR AS, A CONSEQUENCE OF Q Q VI ALLOW	
be "pe		Conditions, if any which gove is to immediate course (a). (b) Criticioscleratic Heart Blisco	ask
uld and e Cl e Cl		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "per io the Chief ! burial-transit	ŀ	last. (c)	
and to		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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*= TO == 1	MEDICAL C	21b. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M P.M. 19 21b. TIME OF INJURY Month, Doy, Year HOUR A M P.M. 19	Item 15.)
	MED.	2 d MIJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Town	County State
DICAL EXAMINER: se execute the cert ectar. Page 4 should ined far yaur files. RECTOR: Page 3 shau a burial, crematian		WHILE AT WORK AT WORK office building, etc.)	
Pay Far Far I al, I al,		22a. I certify that, I took charge of the remains described obeve, held an Autopsy . Inspection . Inquiry .	and in my opinian
ITY DICA ITY, please ex- eral directar. be retained a RAL DIRECTO		death resulted from: Natural causes Accident , Suicide , Homicide , Undefermined manner	
please directing transfer or ta b		CHIEF MEDICAL EXAMINER	
AL AL		SIGNATURE MUDICINE PROMINE	'E SIGNED
necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S BELDEN (EAD MD ADDRESSEDER BY GOUNTY) NOV.	21,1968
5 a a a a a a a a a a a a a a a a a a a	230	D BUR AL CREMATION 23b DATE 23c NAME OF CEMBTERY OR CREMATORY 23d LOCATION (Gity or Town)	(County) (State)
^		Burial (Specify) Nov. 23, 1968 New Cathedral Cemetery Baltimore, Mary	
In was a la	24	The Lee 8434 yeargia nueme	
VR A15ME (3)	0	Varier E. Pumphrey, Inc. Silver Spring, Md. DATE NOV 27 1968 John	weles Judge



× · • 1		16160	ı	DIVISION OF V	/ITAL RECORDS	, 301 W. PR	ESTON STREET ATE OF DE	T, BALTIMORE	H , MARYLAND 21201	161	7.,
death nerol ond 2 death.		ECEASED-NAME Type or print)	Irene		N Middle	Mar	nack		NOV Month 24 Day	68Yeor	75 HOUR M
	3 5	Femal	.e	4 RACE WI	nite		Jan, 1	8, 1905	5 6 AGE (In years ost batheay) YRS	IF UMDER YEAR MONTHS CIAYS	IF UNDER 24 HRS. HOURS M N
24 hours after ed in by the fu pper. Eages 1 72 hours after	cou	BIRTHPLACE (State or natry) Orego	n	U. S.	T COUNTRY?	MARRIED E	NEVER MARRIED DIVORCED		Montgomery		Md
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executed within disconnected filling chove carbon pount event, within	<u></u>	USUAL RESIDENCE (W ISSIGN) STATE MO	here deceased	lived, if institut of 13b COUNTY P	n Residence before tontgome	ry Roc	kwille	NSIDE CITY L M 153	131 387410 NUMBER av	ilah R	oad
se removed difficulty		H	larvey		McCull'd	ough	MOTHER S MAIDEN	NAME FEELL	a Eddle	0	wens
physicia en phea	160	WAS DECEASED EVER (es, 140) r unknown)	IN & S. ARMED	FORCES?	271-07-	17 IN -2420-	D E	Ryan	13741 Trav	CKVILL	e Ra
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if the d the ott sat per		Canditions, if ony, we use to immediate			A CONSEQUENCE OF		inz 7	HROMO	05 F 5	157	EARS
equires that t physician. signed by the burial-fronsit buriol, crema		stating the underly lost	ng rause	(c)	A CONSEQUENCE OF	MPHOSA	REUMA			15 /	
The low requires the ottending physician. that seem signed by se os the burial-troit harror to buriol, cre	No.	2001	CHRONI	c BLA	DOFR	NETET		EASE OR CONDITIO	N GIVEN IN PART 1(0)		
	CERTIFICATION	190 DATE OF OPERATI		*****	H OPERATION WAS PI		2Da AUTOPSY? YES	NO 🔀	206 IF YES, WERE FINDINGS C CAUSES OF DEATH?	_	&TIFYING
rician:	MEDICAL CE	21a ACCIDENT WAS OR CONTRIBUTING (If either, notify med	cause of death dical examiner	P.M.	Month Doy Year	9			of injury in Post 1 or Port 2,	Item 18.)	
IDING PHYSICIAN: The low read to the hospital or ottending After this certificate has been a be detached for use as the state Dept. of Health prior to	2	21d INJURY OCCURE While hot while at work ot wark			IT HOME FARM STREET FA OFFICE BUILDING ETC				City or Town	Caunty	State
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OR be red w		226 SIGNATURE	eder		pdu a			MED DIRECTOR	CTACE	DATE S GNED	ş
TO HOSPITAL Page 4 moy TO FUNERAL I director, pag should be fil		22d PHYS (ÎAN S NAME (Type)	Dr.	Freder:	ick <i>s</i> Cal	dwell	22e ADDRESS	ockus	re, Mak	12 AND	4-
Page direct		BURIAL, CREMATION,	1	25-68	Ceda		Cremat	Sugy Su	location (Ciy or Town) itlan d Pr		(Stote) Md
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1,2	Ht.	ems 18-22a Film 4C8 MARYLAND STATE DEPARTMENT OF HEALTH 13-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	6175
FOR STATE		16161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH OFFI.		Or CCTI COL	24 1968 5:554
uny delay is 1, 2, and 3 to rm PM3. Page Departmenta	3 S	SEX 4 RACE S DATE OF BIRTH 6 AGE for years of Under 1 Year 15 Under 24 HRS 2c. DATE PRONOUNCED DEAD ast birthday) MONTHS DAYS HOURS MIN. Month Day 24	2d HOUR /
J. 2, m. P.		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED 19 COUNTY OF DEATH	
ges a far	10	WIDOWED DIVORCED Montgomery CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12	Md 2b KIND OF BLSINESS OR
after death. 8. Give Pages alang with far with the State eath.		Olney greet, oddress) General Heep (during most of working life even if retired)	DUSTRY Hudson upply Equip.
after 8. Gr clang with eath.		USUA, RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d 145:0F CITY JAN 137 13e STREET AND NUMBER 13b COUNTY Montgomery Rockville YES NO 8 4001 Beverly Ro	
haurs Item 18 Office Office after d	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Last
nul in 24 mer's preer's pages 1	160	Clarence W. Marshall Sallie L. WAS DECEASED EVER IN U.S. ARMED FORCES? Tob SOCIAL SECURITY NO 17. INFORMANT ADDRESS	Broaddus
Zomentill Zoment		(If yes grow wer or dates of service) 578-26-4165 Mrs. Ethel M. Marshall 40001 Bel	verly Rd. Rock
- Ab - S 1		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROX MATE INTERVAL SETWEEN ONSET AND DEATH
ding in decorate to within the wi		PART I DEATH WAS CAUSED BY Multiple extreme injuries including	
be exec "pendin hief Med ansit per event w		Conditions, if only, which gave (b) skull fracture and intracranial	
vard ' vard ' he Chi al-tra		tise to immediate cause (a), (b) SKULL Tracture and Intracrantal Due to, or as a consequence of	
shauld be en ward "per to the Chief in burial-transit		hemorrhage, incurred in fall	
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his cert fic ate, writin e forward be used a remaval,	CERTIFICATION	WAS PERFORMED?	YES X NO
舞っ 골 (3	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 216. TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING 226. The Port 2 Hours of Port 2 Hours of Deceased, Working about nouse of Ladder 216 HOW INJURY OCCURRED (Enter noture of Injury in Port 1, or Port 2 Hours of Deceased, Working about nouse of Ladder	tell, fell
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street at R.F.D. No. City at Town	County State
L EXA ecute Page or you R: Pag		AT HOLK AT HOLK ES	0
	1	22a. I certify that taak charge of the remains described above held an Autopsy 7, Inspection 7, Inquiry 7, death resulted from: Natural causes 7, Accident X Suicide 7, Homicide 7, Undefermined manner 7	and in my opinian
please direct direct DIREC		CHIEF MEDICAL EXAMINER	J
TY, pleaseral direction for the prior to		SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	SNED
DEPL ressa e fun may FUNE	L	EXAMINER'S NAME (Type) Belden R. Reap, M.D. Wheaton ADDREST TO COUNTY) NOV.	4 1968
5 g # ~ 5 #	230	REMOVAL (Specify)	(State)
	24	FUNERAL 11/27/68 Cedar Hill Cemetery Suitland Pr C FUNERAL PROPRIETOR CE SUITUS ADDRESS 250. REC'D BY REGISTRAR 25b REGISTRAR 5 STC	Geo Md.
VR A15ME (5)	1 .	arner E. Pumphrey Inc. 8434 Ga. Ave. S.S., Md. DATE NOV 29 1968 gClion	



1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	LOLOG- CERTIFICATE OF DEATH 16176
er death. funeral 1 and 2 er death.	1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH Working 12 Day 19 L9
after (he fun ges 1 after (3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years funder 1942 IF UNDER 24 HRS. lost buthday) Months Days Hours in in
haurs after n by the fu	FEMALE WHITE HUGUST 20,1879 89" YRS
Poor Poor	70 BIRTHPLACE (Stole or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
Z Deer of the state of the stat	TENNSY VANIA U.S.A. WIDOWED DIVORCED MONTGOME 1214 Md 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital , 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BUSINESS OR
within within	Que street oddress) ~ OCNEY Md. during most of working life, even affetred) - INDUSTRY (
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and campression and campression and every	14. FATHER'S NAME First M'ddle Lost IS. MCHER'S MAIDEN NAME First Middle Lost
	HNDREW NORDWARD JESSIE MON Lellan MORDONOMINA
requires that the death certificate by a physician, signed by the attending physician burial-transit permit. Then please a burial, cremation, ar remaval, and it	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of Johnson (I' yes give war or deles at service) 16b. SOCIAL SECURITY NO 17 INFORMANT Address Kensington, Md. 317-28-1850 MRS Ph. 1.0 YARNACL 3000 Ferndale St.
phy nen ava	TabANITAL of Call
4 岩。	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)
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ds ds	190 DATE OF OPERATION 496. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1216. TIME OF INJURY 1216. HOW INJURY OCCURRED (Foter nature of injury in Part 1 or Part 2, term 18.)
프 등 후 교육	
長 名 海 不 正	Great Countributing Cause of Death Hour A.M. Month Day Year (If either, notify medical examiner) P.M. 19 2 2 1d INJURY OCCURRED 21e PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, 21f IOCATION Street or R.E.D. No. Gity or Town County State
PHYSIC he haspi this certi etached Dept. a	
	White Not while of work of work
IDING I by t After I be d	220. I certify that (I) (this haspital) attended the deceased from 224, 1967, to NOV. 7, 1968, that (I)(we) last saw the deceased alive an NOV. 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I)(we) (did) (and not) view the bady after death.
	causes stated abave, (ii) (we) (did) (aid nat) view the bady after death.
OR ATTEN be retained DIRECTOR: ge 3 shauld	22c DATE SIGNED
	COMMENT 4- / CLAISVID DEGREE PHYS. A DIRECTOR LI PHYS. LI
S P P P P	1270. PHYSICIAN'S NAME (Type) DONALD R. LEWIS 700 CLOVERLY SIL. SPRING MA
O HOSP Page 4 I O FUNER director, shauld	230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town) (County) (Stote)
2 2 2	Crematical Nov. 8, 1968 Fort Lincoln Crematory Prince George Maryland 24. FUNERAL DIRECTOR M. Address D
30M REV MASS	24. FUNERAL DIRECTOR M. Andrew Dwall Address Livel 250. REGISTRAR 256. REGISTRAR'S SIGNATURE Warner & Pumphrey Inc. 8434 Ga. Ave. 5.5. Md. Date NOV 12 1968 Clienta Indee

MARTLAND STATE DEPARTMENT OF HEALTH



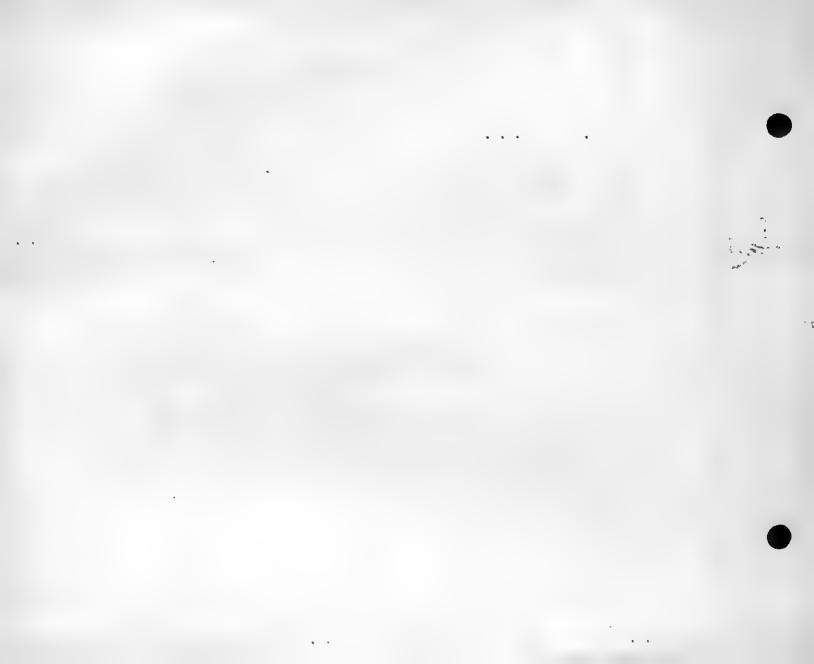
MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1617/ CERTIFICATE OF DEATH DECEASED NAME M. ddle 2a. DATE OF DEATH 2b HOUR fecuted within 24 haurs after death. (Type or print) Manth HAM S DATE OF BIRTH 3 SEX 4 RACE 6 AGE (n years IF JHOER I YEAR IF UNGER 24 HRS. Pages last birthday) signad by the attanding physician and completely filled in by that burial-transit parmit. Then please remave carban papers. Pages burial, cremation, ar remaval, and in any event, within 72 hours after MONTHS I DAYS HOURS YRS. 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Georgia WIDOWED DIVORCED [ontoonety IO CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 13. NAME OF HOSPITAL OR INSTITUTION (If not in-hospital 126. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY own home 130. USUA, RESIDENCE Where deceased lived, if restitution Residence before 13e STREET AND-NUMBER 13d INSIGE CITY DMITS? admission) STATE / YES NO 14. FATHER'S NAME IS. MOTHER S-MAIDEN NAME First Mrddle gane Pintan Stephen Mary Bizzard Spr. Marular 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes no, or unknown) (If yes give war or dates of service) Mr. Harry J. McCollum 4311 Robert 218-52-5884 Myocardial Infarction 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) due TERETWEEN ONSET AND DEATH PART (DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as the prior to b h≡s bee≡ 4001 2Do. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🔀 D FUNERAL DIRECTOR: After this mertificate h≡ director, page 3 shauld be detached far use should be filed with the State Dept. of Health p NO [T] 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A M Manth Day Year (If either, not fy medical examiner) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22o. I certify that (I) (this hospital) attended the deceased fram 3 2 1, 1967, to 1966, that (I) (we) last saw the deceased alive an 1967, and that in (my) (our) apinian death occurred an the date and haur and fram the couses stated above, (i) (we) (did) (did not) view the body ofter death 22b. SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS TO FUNIEAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCAT ON (City or Town) 23o BUR AL, CREMAT ON 23b. DATE ((aunty) (Stote) REMOVAL (Sperify) Muer Arlington National Cem. Virginia 25g REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE VR A15 (4) 30M REV. 1/68 8434 Georgia Avenue



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16172 CERTIFICATE OF DEATH I. DECEASED-NAME First Middle death. Lost 20. DATE OF DEATH 2b. HOUR (Type or print) ounarments permit. Then please remave carban papers. Pages T burial, cremation, or removal, and in any event, within 12 haurs after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years TE ISNOED 1 YEAR last birthday) AMONTHS DAYS To. BIRTHP, ACE (State or foreign ician and campletely filled in by lease remave carban papers. 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [] NEVER MARRIED (Guntry) MONTGOMERY WIDOWED 52 DIVORCED [ID OUT OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (f not in hospital 2b KIND OF BUSINESS OR Concern M during most of working life, even if retired) DLNEW 13e STREET AND NUMBER DG WRADS 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME FIRST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, opunknown) (11 yes give war or dates of service) 511 Franklin 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), one B. TWIFFN ONSET AND DEATH PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove) burial-transit rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse signed **k** PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL SEASE OR CONDITION PRIVAL IN PART 1(0). TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO T 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 10 - 16 , 19.64, to 11 - 30 -, 19.68, that (1) we) last saw the deceased alive an 1 - 30 - 19.68, and that is (my) (aur) apinian death occurred an the date and haur and from the causes stated above (1) (we) (did) (did not) view the body after death. 216 SIGNATURE 22c DATE SIGNED ATTENDING PHYS DEGREE DIRECTOR PHYSICIAN'S 22e. APORESS John R. Spencer URTONSVILLE 23d BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Arlington National Cem. Ft. Myer 24 _FUNERAL DIRECTOR 250 REC D BY REG STRAR 2901-14PHSTN.W. 25b REGISTRAR'S SIGNATURE VR A15 (4 45M 1 69 DATUEC 3 45M W ASH.



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1618 4 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEP 1 DECEASED NAME First Middle Last 2a. DATE KNOWNED Month Year (Type or Print) ESTI-William. McTighe delay is and 3 to M3. Page 11-20 DEATH MATED 4. RACE 6. AGE in years IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX S DATE OF BIRTH the State Departmen PM3 60 June 17, 1953 Year White Male 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Joxan Office along with farm WIDOWED [DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) Holy Cross during most of working life, even if retired) INDUSTRY Silver DOMANO none 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LUMITS? 13e STREET AND NUMBER 14657 Stonewall Dr 13b Montgomery Silver Springyes No [and 2 ofter 14. FATHER'S NAME Middle Lost 15 MOTHER S MAIDEN NAME FIEST First Lost Mc Tiahe Donahertu lames haurs ADDRESS Mary Land 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO. (Yes no. or unknown) If yes give wor or dates of service) James McDighe 14657 Stonewall Drive none APPROXIMATE INTERVAL within IB. CAUSE OF DEATH (Enter only one cause per In or (a), (b) and (c)) This certificate should be executed permit. the certificate, writing the ward "pending" 4 shauld be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) in any event DUE TO, OR ASTA CONSEQUÊNCE OF **burial-transit** Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR ASTA CONSPOUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remaval, nseq 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X NO [be Б 21g EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 215 TIME OF INJURY Month, Doy, Year 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING burial, crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. I certify that I took charge of the remains described above, yeld an Autopsy Inspection Inquiry Sc and in my apinian death resulted from: Natural causes Homicide Undefermined manner Accident Suicide CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. Health **EXAMINER'S** ADERPSSISHERE, MY 0 23a BURIAL CREMATION NAME OF CEMETERY OR CREMATORY Spring Maryland Gate of Heaven Nov. 23, 1968 2So. REC D BY REGISTRAR REGISTRAR'S SIGNATURE Pumphrey Inc. 8434 Ya. Avenue VR A15ME 15: 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 16183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH ITH DEPT. 20. DATE KNOWN 1 DECEASED NAME Middle Month Dov Year (Type or Print) ESTI-OF 196 Charles DEATH MATED Pathoniopoide T RACE IF LINGER 24 HRS 3 SEX S DATE OF BIRTH AGE (In years 2c DATE PRONOUNCED DEAD 2d HOUR last berthdoy) HOURS Day 3/24/15 Mala Cauc. To BIRTHPLACE (State or foreign 76 CIT.ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Wash DC TISA Montgomery 10. CITY OR TOWN OF DEATH 1) NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Cross Hosp. Silver Spring Power Plant Open 130 USLA. RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JAMITS7 13e STREET AND NUMBER 13b. COUNTY 9806 Braddock Rd. YES IK! NO [in pencil in Kem 18 ofter 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Charles P. Mozger Triplett Clara Roxanna hours Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If was give wor or dates of service) 6195 Pauline Mezger 9806 Braddock File within CAUSE OF DEATH (Enter only one couse per line-for BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if phy, which gove rise to immediate cause (a) This certificate should writing the word OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/n1 0 removal CERTIFICATION 19b. CONDITION FOR WHICH OPERATION 19o. DATE OF OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate. YES 🗀 NO X Б 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of anury in Port 1 or Port 2, Hern 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING **EXAMINER:** cremation. CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, 21d INJURY OCCURRED 21f EOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion deoth resulted from: Accident 7 Notural couses Undétermined monner Suicide Homicide please CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE. O DEPUT may EXAMINER'S Health NAME (Type) NAME OF CEMETERY OR CREMATORY 50 23a. BURIAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) George Washington Cemetery Georges Abdrew Durall Sil. Spr. Meso RECD BY REGISTRAR 25b. REG STRAR S SIGNATUR VR A15ME (5) Inc. 8434 Georgia Avenue 10M REV 1768



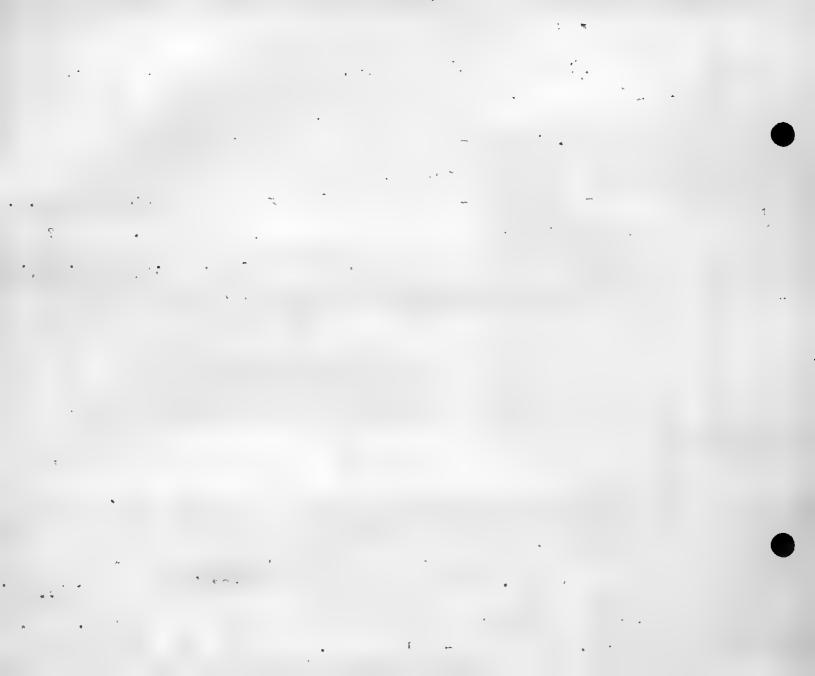
		MARYLAND STATE DEPARTMENT OF HEALTH	
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		16170 CERTIFICATE OF DEATH	
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YSICIAN: 1 ospital ar certificate thed for us	MEDICAL	(If either, notify medical examiner) P.M. 19	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar directar, page 3 shauld be detached for use as the burial-transit permit. Then please rehauld be filed with the State Dept of Health prior to burial, cremation, or removal, and in	2	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. Na City at Tawn Caunty State While Nat while	
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by Affee be Sta		22a. I certify that (1) (this haspital) attended the deceased from 10/15, 1960, to 11/6, 1960, that (1) (we) lass saw the deceased alive an 11/5, and that in (my) (eur) opinion death accurred an the date and have and from the	î.
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OR be red weed weed w		Richard N. Edenbaum mo DEGREF PHYS DIRECTOR DIRECTOR 11/6/68	
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O HOSPITAL Page 4 may O FUNERAL I director, pag shauld be fil			=
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5 5 5 jg 2	64	BUTIAT 11-9-68 Hisband Cemetery Somerset Somerset Co. P. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REG.STRAR 256 REGISTRAR S SIGNATURE	<u>a</u>
VR A15 (4) 30M REV. 1/68	R R	OBERT A. PUMPHREY, Bethesda, Maryland Dat NOV 13 1968 Clearly Surgery	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16185 CERTIFICATE OF DEATH DECEASED-NAME 20. DATE OF DEATH First 2b HOUR (Type or print) Month 3. SEX 4 RACE DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years RE UNDER 24 HRS. last birthagy) remove carban papers. Pages n any event, within 72 hours aft MONTHS DAYS HOURS auchsiA> within 24 hours campletely filled in by 70 BIRTHPLACE (State or fore.on 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) montgome e WIDOWED -DIVORCED Virginia-Campbell Co. 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION Wind of work dane 12b KIND OF BUSINESS OR give street oddress) Wheaton during most of warking life, even if retired. INDUSTRY Wheaton 13c CITY OR TOWN DC 130 USJAŁ RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE EITY LIMITS? 13e STREET AND NUMBER \$3b COUNTY NO . Oneida Place N.W. Washington and in any 14. FATHER'S NAME Middle Middle 1S. MOTHER S MAIDEN NAME First Last James Carol Marsh Mae B. PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO 17. INFORMANT Address 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) as the burial-transit permit. Then pl priar ta burial, crematian, or remaval, 8700 G. Gregg Everngam. Atty. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the attendii burial-transit permit. mes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. Defention of Funeral DIRECTOR: After this certificate has been signed by stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES [7] directar, page 3 shauld be detached for use shauld be filed with the State Dept. af Health 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No OFFICE BUILDING, ETC. City or Town County Stote While Nat while 220. I certify that (I) (this haspital) attended the deceased from \$-26, 1968, to 11-26, 1968, that (I) (we) last saw the deceased alive on 11/26, 1968, and that in (my) (aur) opinion death occurred on the date and hour and from the causes stoted above, (1) (we) (did) (eld not) view the body after death 22b SIGNATURE **ATTENDING** DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN S Silver Myron L. Lenkin Sph Georgia NAME (Type 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) (Stote) 23a BURIAL, CREMATION, REMOVAL SOCUTY 0 Cedar Hill Cemetery Prince Georges Co. Md. 2Sb. REGISTRAR'S SIGNATURE 24. FINERAL DIRECTOR 2So REC'D BY REGISTRAR Company-2901 luth 1968





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED NAME Eirst M.ddle Last 20 DATE KNOWN Month Day Year (Type or Print) STANLEY JOSEPH DEATH MATED 11-26-68 MOORE ö 3 SEX MAT.F. 4. RACE 5. DATE OF BIRTH 6 AGE (n years IF JINDER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR 10-19-26 ight (Dithday) WHTTE Menth _ 26 _ 689 MAZZITE 7a BIRTHPLACE (State or foreign 75 CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) MONTGOMERY WIDOWED F DIVORCED F Pages USA ID CITY OR TOWN OF DEATH TACOMA Park 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital with 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR dunan prograf with mark tereven if compedit thin DUSTRY Washington Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER after_death 36 COUNTY Balto BALTIMORE 5922 BALTIMORE AVE odmission) STATE YES NO NO IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIEST Middle Lost Middle Marv John Moore Ξ SIII bod haurs farwarded to the Chief Medical Examiner 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO SGT. CRAIGIE, Washington Hospital, Tacoma pencil executed within (Yes, no, or unknown) Yes (Hyes give war or dates of service, 218-22-8366 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate couse (a). certificate should please execute the certificate, writing the ward stating the underlying couse 100 PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO AVE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 8 remayal used 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES [þe should be 21b. TIME OF INJURY Month, Doy, Year 210. EXTERNAL CAUSE WAS 3 should PRIMARY OR CONTRIBUTING cremation, 21d INJURY OCCURRED 21e PLACE OF INITIRY (At home, fgrm, street, 21f LOCALON Street or R F D. No Civ ar Town foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK L 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection | Inquiry and in my apinian death resulted from: Natural causes Accident Suicide 🔀 Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b, DATE SIGNED SIGNATURE 5 may TO FUNE Health **EXAMINER'S** NAME (Type) 23a. BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d DCATION (City or Town) (County) REMOVAL (Specify) Holy Redeemer Cemetery Baltimore, Md. Burial 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR Witzke, 4101 Edmondson Ave. VR A15ME |5



. x _1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
10		1617 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1.
FOR STATE		MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
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	•	Bethesa a give street address) The been by and during most as work not be even if ret red)	Elephone Co.
		LSUAL RES.DENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN). J3d IMSDECTIVE MITS? 13e STREET AND NUMBER	1.1.1
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within 24 pencil in commer's le pages 72 hours	16a.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes, no, or unknown) (If yes give wor or doles of socres) 5.7.7.0.5.82.70	1 5000
l within n pencil Examine File pag		Yes, no, or unknown) (If yes give war or dotes of service) 577-05-8270 -Tel line The breef Mor.	a Las Ali
be executed "pending" in nief Medical E. onsit permit. F.		IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Magazine and an analysis of the property of the prope	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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TY bleose and directoring RAL DIREC		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b DATE SIGNATURE 22b DATE SIGNATURE 22b DATE SIGNATURE	CNED
RAI Pr		SIGNATURE MD ASSISTANT MEDICAL EXAMINER. A AFTER	19,1968
o DEPUTY necessory, pl the funerol of S may be re D FUNERAL P		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	. 07100
TO DEPL necesso the fun 5 may 10 fune Heolth		BUR AL CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (C.ty or Town) (C	aunty) (State) .
⊢		Cremation 11-20-1968 Lee's Crematory Washington, D.	
	_	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 256 REG STRAR S SIG	
VR A15ME (5)	Le	FUNERAL DIRECTOR ADDRESS EE Fun. Home 300 4th St. NE Wash., D.C. PART NOV 2 2 1968	k grades



	L	MARYLAND STATE DEPARTMENT OF HEALTH	
TU EOD STATE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0153
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3m2NA)	3 9		30 1968 8 - M
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d within 24 hours in pencil in Item 1 Examiner's Office File pages 1 and 2 n 72 hams after d		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) 116-32-9967 And see T. Monorio Same as	Item 13.
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uted gi' i cal mit.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART : DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), M4000 Tolical Indiana.	BETWEEN ONSET AND DEATH
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ICAL EXAMINER: Execute the certifor. Page 4 shauld ad far yaur files. CTOR: Page 3 shou burial, cremation,		WHILE MOT WHILE of foctory, office building, etc.)	,
L EX		220. I certify that I took charge of the remains described above, held on Autopsy 💢 Inspection 🔀, Inquiry 🔀	ond in my opinion
DEPUT DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page solth prior to burial, crem		death resulted from Notural causes . Accident . Suicide . Homicide . Undetermined manner	
olease direct direct direct DIRE		CHIEF MEDICAL EXAMINER	
y, p roll o		SIGNATURE John 9. Ball MD ASSISTANT MEDICAL EXAMINER 226 DATE	SIGNED
EPU Ssar fune ay to ay to the		EXAMINER'S NAME (Type) John G. Ball DEPUTY MED. CAL EXAMINER ADDRESS (Street, city town, or county) Bethes	30,/968
TO DEPUT. necessary, the funeral 5 may be r TO FUNERAL lealth pro	23/	NAME (Type) John G. Ball ADDRESS(Street, city town, or county) Bethes Burial (MANAGER) 236 DATE 236 NAME OF CEMETERY OR CREMATORY 123d tOCAT ON (City or Town)	
E - 1.5	1200	12-3-68 Gate of Heaven Cem. Silver Spring	(County) (State)
2/2		FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 256 REG STRARS	SIGNATURE
VR ATSME (1)		ROBERT A. PUMPHREY, Bethesda, Maryland DEC 9 1968 Ich	res Judge

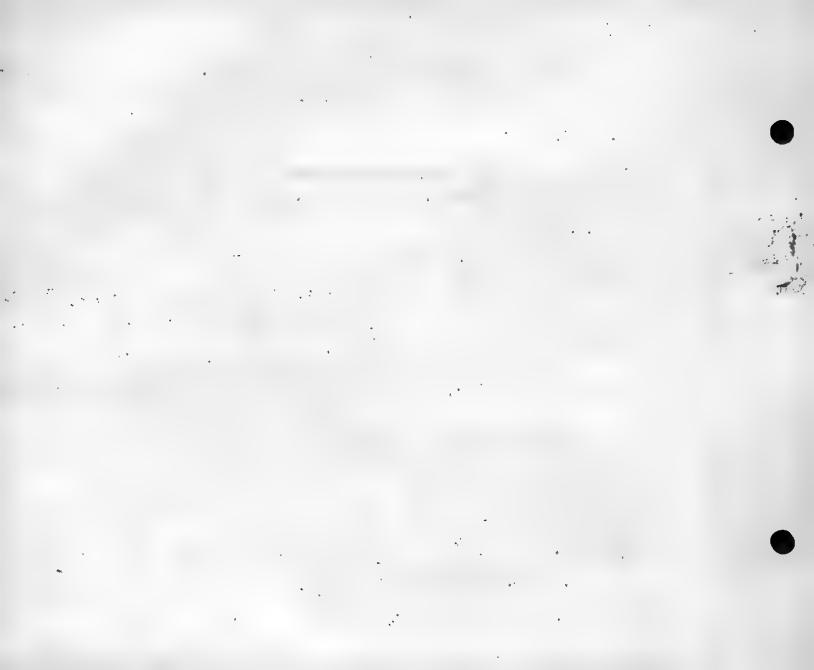


1	Iti	tems 18-22a Film 407 MARYLAND STATE DEPARTMENT OF HEALTH 1-27-68amsDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	100
FOR STATE		temsh, Filmshoh Ll/MEDICALSEXAMINER'S CERTIFICATE OF DEATH	. 1/
HEALTH DEPT	II.	DEGASED NAME First Middle Lost 20 DATE KNOWN Month Do OF ESTI- DEATH MATED 11-	13 19687:45
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TO DEPUTY netessary, p the funeral 5 may be n TO FUNERAL Health price	230	NAME (Type) E DEN ADDRESS PRESCUE TOWN OF COUNTY) O V. CO. BANGE (Type) E DEN ADDRESS PRESCUE TOWN OF COUNTY OF CREMETORY 23d. LOCAT ON (City or Town) (CO. BANGE (CO. BANGE OF CREMETORY) 23d. LOCAT ON (City or Town) (CO. BANGE OF CREMETORY) (CO.	Odnty) (State)
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	MAKTIANU STATE DEPAKTMENT UT MEALIM	
	16178 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 (6) 15	
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	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost D.W. Mullis Clementine Williams	
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TO HOS Page TO FUN direct shauf	DEURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (5fot WINDGATE NC.) FUNCINE UNIVERSE DIRECTOR W. W. CHAMBERS CO. ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNATURE	re)
VR A15 [4] 30M REV 1/68	FUNERAL DIRECTOR W. N CHAMBERS CO ADDRESS 1440 Chapin St. N W WASH. D. C DATE NOV 14 1968 ACCUARDED Surge	



1 /	1	MARTLAND STATE DEPARTMENT OF HEALTH
1 -	1 7	SITE RAYMOND ANTHONY NEGUS CERTIFICATE OF DEATH
		RAYMOND ANTHONY NEGUS CERTIFICATE OF DEATH
. 2.	T. D	ECEASED-NAME 7 First Middle Lost 2a. DATE OF DEATH 2b HOUR
		(ype or print)
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s b s b orid	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
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asparation of the certification of the certificatio	WEC	21d INJURY OCCURRED 21e, PLACE OF INJURY / AT HOME, FARM, STREET FACTORY,) 21f, IOCATION, Street of R.F.D. No. (Given Town) (quinty State
TENDING PHYSICIAN: The taw requires that the death certific ned by the haspital ar attending physician. R: After this certificate has been signed by the attending physical be detached far use as the burial-transit permit. Then price State Dept. of Health price to burial, cremation, ar remaval,		While Not while of work of work
NG / th		22a. I certify that (1) (this hospital) attended the deceosed fram 10/13 , 1968, to 11/2, 1968, that (1) (we) last
Aft by		saw the deceased alive on
th the second se		couses stated obave, (i) (aid) (did with view the bady after death.
A 8 9 % 4		22b. SIGNATURE 22c DATE SIGNED/
OR ATTENDIN be retained by DIRECTOR: After je 3 shauld be ed with the Stat		Cellent Neel DEGREE PHYS DIRECTOR D STAFF D 11/8/1968
L D AL		22d PHYSICIAN S 22a ANDDESS
PIT B A P P P P P P P P P P P P P P P P P P		NAME (Type) Allen J. O'NeIII 8601 Old Goorgo town Rd. Bethesda
TO HOSPITAL OR ATTENDING PHYSICIAN: The taw re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
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VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR OSE PH G WIET'S Sons. Inc., ADDRESS OSE PH G WIET
30M KLY 1758	1	W. Wash. D.C. 20016



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16154 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEPT. 1 DECEASED-NAME First -20 DATE KNOWN Dov Yeor (Type or Print) ANDERE Page ment of 1967 DEATH MATED delay AGE (In years 3 SEX 4 RACE S DATE OF RIRTH DATE PRONOUNCED DEAD 2d. HQUR 2, al., P.M3. W. Fe Year 1965 YRS 7a BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH with form Mostgomera WiDOWED [pencil in Item 18. Give Pages ofter death 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 120 USJAL OCCUPATION (Kind of work done 1175 KIND OF BUSINESS OR dwing most of working the even the red NDLSI raminer's Office along 130 USUAL RES DENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER with 136 COUNTY MONT gomery Rockuille. YES IN NO and 2 v 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Margaret Pribble Adelbert Waite 16g. WAS DECEASED EVER IN J. S. ARMED FORCES? 17. INFORMANT 130000 Twinbrook Pkv 166 SOCIAL SECURITY NO. Daughter be executed within (Yes, no, or unknown) Kathleen Jan Wyvell- Rockville, Md. Unknown ,⊊ 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) should be farwarded to the Chief Medical PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). cetebral Hemorrhage Severe. Coddell per DUE TO, OR AS A CONSEQUENCE OF Berry Aneurysm Lest Cerebral burial-transit Conditions, if any, which gove rise to immediate cause (a). This certificate shauld the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ pup PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 8 remayal, CERTIFICATION used 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES (1) ě Þ 2.0 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A M. burial, crematian, **EXAMINER:** CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held on Autopsy [X], Inspection [7] Inquiry X. and in my opinion death resulted fram: Natural causes X. Accident . Surcide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 226. DATE SIGNED the funeral SIGNATURE Nov. 9. DEPUTY MEDICAL FXAMINER Health **EXAMINER'S** JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesda. Maryland NAME (Type) 50 230 BLRIAL, CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) REMOVAL (Specify) Buria Silver Spring, Maryland 11-13-68 Gate of Heaven Cem. 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR PUMPHREY, Bethesda, Maryland VR A15ME (5) TOM REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16163 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. DECEASED-NAME First Middle LOST Doy 2o. DATE KNOWN Month Year 2b HOUR (Type or Print) ESTI-NICKENS REVER ELIZABETH 0 9A M DEATH MATED X 19 68 JaDeR YEAR 1E DNDER 24 HRS 3 SEX 4 RACE 5 DATE OF RIRTH 6. AGE fin saw 2c DATE PRONOUNCED DEAD 2d HOUR 8/20/1900 Year Female Negro 1968 9A M 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country Indy Spring Md. USA WIDOWED | DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH MAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUA, OCCUPATION (Kind of work done 12b. KIND OF BLSINESS OR give times odd coss lospital during most of working ite, even if retired) INDUSTRY Silver Spring 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER od Wash Ington D.C. 36 COUNTY Sherman Ave. NW WashD 14 FATHER S NAME Middle First 15 MOTHER'S MAIDEN NAME First Middle Nicknes Mary Carter hours .⊆ poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS in pencil (Yes, no, or unknown) (If yes give wat at dates of service) husband David 3018 Sherman Ave. NW WAShD.C E 6 within IB. CAUSE OF DEATH (Enter only one couse per permit. BETWEEN ONSET AND GEATH "pending" PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CORSEQUENCE OF Conditions, if only, which gove nse to immediate couse (a). writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 1 6011 1 used 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? execute the certificate, YES [0 21o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No Cty or Town County Stote foctory, office building, etc.) may be retoined for your FUNERAL DIRECTOR: Page WHILE NOT WHILE I 220. I certify that I took charge of the remains described above, held an Autopsy Inspection X and in my opinion Inquiry deoth resulted from Notural causes Accident Suicide | Undetermined marrier be retoined Hamicide please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 0 230 BURIAL, CREMATION, 23d LOCATION (City or Town) 23h DATE (County) 11-12-68 ASH MEMORIAL CEM. SANDY SPRING, MONTG, MD 24 FUNERAL DIRECTOR **ADDRESS** 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATUR VR A15ME [5] ROBERT SNOWDEN ROCKVILLE. MD 10M REV 1/68



- 1		18188	DIVISION OF VITAL RECORDS		'ARIMENI OF HEA 'ON STREET, BALTIM		16196
		1020	•	CERTIFICATI	E OF DEATH		4
		CEASED-NAME First /pe or print)	Middle		NOCK	2a. DATE OF DEATH Month Dgy	2b. HOUR 7 8 68 1:57M
ŀ	3 SE	· · · · · · · · · · · · · · · · · · ·	4. RACE	S Di	ATE OF BIRTH	6. ACE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
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Ŀ	-	ATHERS NAME First	Middle Last	de Trami	THER'S MAIDEN NAME First	1 12202 Foxh	ill Lane
l		Mauri	ce William N	ock	Shi	rley Marie	Burke
		WAS DECEASED EVER IN U.S. ARN as, no, or unknown) (If yes give w	NED FORCES? 16b SOCIAL SECURITY or or duties of service)	NO. 17. INFOR	MANT	Address	
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۱	WEC	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME FARM, STREET, FOR OFFICE BUILDING, ETC.	ACTORY) 21F LOCATIO	ON Street or R.F.D. Na	City or Town	County State
		at work of work		1.6	Z-1/ i X 10 / /	0 A- 4/ - 116 10	T (2) at a (1) () t .
		saw the deceased a	is haspital) attended the decea	ed_trom 19 ھے, and the	ot in (my) (aur) apinio	en death accurred an the dat	te and havr and fram the
ı		causes stated above	, (I) (we) (did) (did not) view the	bady after death	1		
		22b. Signarture	I licentit	DEGREE	ATTENDING MED.	CTOR STAFF	ATE SIGNED
П		22d PHYSICIANS	ONAID LEVITT	131.0.	22e ADDRESS	. ,	
	-			drugger on	Bowne	MARYLAND	
	230	BURIAL, (REMATION, 23b	L/19/68 Sate	of He ve	Aluky 2	3d LOCATION (City of Town) Smlv r prins	(County) (Stote)
	24.	FUNERAL DIRECTOR	ADDRES	Dileo	25a. RECD BY R	EGISTRAR 25b. REGISTRAR'S	SIGNATURE
		2	1331 Rockville	11.111	DATE DEC	2 1968 golia	rles Judge



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		16183			TE OF DEATH	E, MAKILAND ZIZUI	TOIM
A IN :	1. D	ECEASED-NAME First	Middle	CERTII ICA	Last NOSCHKES 20.	DATE OF DEATH	2b. HOUR
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- E	3. Si	X	4. RACE	S.	DATE OF BIRTH	6. AGE (In years	UNDER 1 YEAR IF UNDER 24 HRS.
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hour rs. by	70 cou	BIRTHPLACE (State or foreign 7	6 CITIZEN OF WHAT COUNTRY?	8. MARRIED	ITC T CK ITCH CK I LD 1	INTY OF DEATH	
nin 24 ho filled in papers.		emberg, Austri		WIDOWED		iontgery /	Md
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after be retained by the hospital or attending physician. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after the retained by the hospital physician and comparing the figure of shauld be detached for use as the burial-transit permit. Then please remove company appers. Pages, I ad with the State Dept. at Health, prior to burial, crematian, ar removal, and in provessor within 72 hours after the contraction.	1 13	Cilwan Chrine	11. NAME OF HOSPITAL OR IN give street oddress)	,	during most of	UPATION (Kind of work dans warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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15 16 98 5K	adm	ssion) STATE MID	13b. COUNTY Montg		r Spryng No□	3810 Jeffry	st,
* SEE N	14. 1	ATHER'S NAME First	Middle Lost		OTHER'S MAIDEN NAME First	Middle	Wheaton, Mo
Se a se	L	Simon	NMI Nosc		Debra		
retrificate be physician of physician claval, andii		WAS DECEASED EVER IN U.S. ARMED es, no, ar unknown) (If yes give were	or dates of service)			Address No. 110 clab	20.00
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the start of the s		Conditions, if any, which gove)			tery disease		4 years
that by t rans		rise to immediate cause (a), (stoting the underlying couse)	DUE TO, OR AS A CONSEQUENCE OF				
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sign physical poly			TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO TH	IE TERMINAL DISEASE OR CONDIT	ON GIVEN IN PART I(o)	
down ding been the art to	ğ	19g, DATE OF OPERATION 19b, CO	NDITION FOR WHICH OPERATION WAS PE	REORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
he I he I are I ar	CERTIFICATION	Traces	THE THE PERSON NAMED IN TH	KI GKIKEG	YES NO	CAUSES OF DEATH?	State of Court State
or age		21g. ACCIDENT WAS UNDERLYING		21c. HOW		e of injury in Part 1 or Part 2, Item	m IB.)
Pital Pital A	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	HOUR A.M. Manth Day Year P.M.	9			
HYS host s cell ache ept.	1	21d INJURY OCCURRED 21e. Pt	ACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCAT	TION Street or R.F.D. No.	City or Town	County State
te de transfer		While Nat white at work at wark	L S D A L L L L	11	10/2	4m /m 10 i	\$ 4L-4 (IV (- V L -
Afte Afte		saw the deceased aliv	haspital) attended the deceas	ed from	rat in (my) (aur) apinian	death accurred an the date	and have and fram the
OR:	1	causes stated abave,	(I) (we) (did) (did nat) view the	bady after dea	rth.		
R A A SECTION OF WITH WITH		22b. SIGNATURE	30 748	DEGREE	ATTENDING MED.	C STAFF C L	TE SIGNED
D po	1	22d. PHYSICIAN'S	2007	DEGREE	PHYS. DIRECTO	K - PH32' - If	13/170
ERAI DE CONTRACTOR DE CONTRACT	1	NAME (Type) 13 LA	INE HELD	-	980 17 Dec	gua Credi	responding
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran should be filed with the State Dept. af Health, prior to burial, crer.	230	BURIAL, CREMATION, 23b DA REMOVAL (Spacify) Nov.	TE 23¢ NAME OF	CEMETERY OR CRE		LOCATION (City or Town)	(County) (State)
5			17,1968 Beth	Israel C	emetery D	loodbridge New STRAR 256 REGISTRAR S SI	Jersey
VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Donald	M. Stein ADDRESS Funeral Home St.	232 Car	roll 250. REC'D BY REG	STRAR 256 REGISTRAR S SIG	May Yungan
SUM KEY 1/08	14	evrew memorial I	uneral Home St.	. N. W. W	ash. JOANC INUV	א ססטו ני	L'AN MARCHE



* ₁	. DECEASED-NAME First M.ddle	CERTIFICATE OF DEATH	2g. DATE OF DEATH	2b. HOUR
ľ	(Type or print) Robert Immett		Nov mb 1 2 Day	Treat O
3	Nole 4. RACE	S. DATE OF BIRTH	6. AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN
7	o. BIRTHPLACE (State or foreign rountry) Sh. D.C. U. S.A	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Lontgomer.	M
7	O. CITY OR TOWN OF DEATH Bathesda 11 NAME OF HOSPITAL OR II give street oddress) buburb n			12b. KIND OF BUSINESS OR INDUSTRY
0	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before dmission) STATE 13b. COUNTY Nontromer	VEC TO AN	MIGS? 13e STREET AND NUMBER □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	. V ÷
Ī	4 FATHER'S NAME First Middle Lost	IS MOTHER'S MAIDEN NAME F		Lost
-	John J. O'Brien 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY	Annie Pur		
ľ	Yes, ne, or unknown) (14 yes give wor or dates of service)		Address O'Brien 'vi 'e s'	e fto # 7
=	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c		• 0 - 1 1 0 1 0 5	APPROXIMATE INTERVAL
	PART 1. DEATH WAS CAUSED BY:	nia		GETWEEN ONSET AND DEATH
	DUE TO, OR AS A CONSEQUENCE O			
П	Conditions, if any, which gove)	talia concens	mi	
-1	rise to immediate cause (o). stoting the underlying cause DUE TO, OR AS A CONSEQUENCE O			
-	lost. (c)			
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 1(o)	
-	177X Caronary orch	y obstant		
χİ	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS P	ERFÖRMED 200. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS CONS CAUSES OF DEATH?	SIDERED IN CERTIFYING
1	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY		s nature of injury in Port 1 or Part 2, Item	n 18.1
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yea		The state of the s	
	21d. INJURY OCCURRED While Not while of work of work		. City or Town	Caunty State
1	22a. I certify that (1) (this haspital) attended the deceased alive an	ed from, 19 €	2-4, ta 11-21, 196	& , that (I) (we) la
	causes stated above (1) (we) (did) (did not) view the	bady after death.	inian death accurred an the date	and naur and fram th
	22b. SIGNATURE		AED, STAFF 229 DAT	E SIGNED
	K'Y Duy / SIVA		MED. STAFF DIRECTOR PHYS	21-60
	22d PHYSICIAN'S NAME (Type) DLBUCY SA	LONES SCY VRIT	is Mill Rd Rock	WEMA
2	REMOVAL(SPECIFY) 236. DATE 11/25/68 23c. NAME OF	of Heaven Cemeter	23d LQCATION (City or lown)	(County) ont (Stote) I
0	24 FUNERAL DIRECTOR ADDRESS Typeon heeler Funeral Mome 17		BY REGISTRAR 25b. REGISTRAR'S SIGN 25 1968	
3	- Apon Hearth anner it house T	Il sock. Fike DATE NO	1V 2 5 1968 Ichan	CAO YEAR ON



MARTLAND STATE DEPARTMENT OF HEALTH
15185 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 161.
CERTIFICATE OF DEATH
DECEASED-NAME First Middle Lost 20. DATE OF DEATH 26 HOUR
(Type of print) MADELINE M. OFF Month Nov. 18 1968 329 M
3. SEX 4. RACE S. DATE OF BIRTH 1886 6 AGE (In years 1 IF LINGER YEAR IF JUDGER 24 HRS
FINALE WHITE 3-23-84088 82 24 YRS. MONTHS DAYS HOURS MIN
To BIRTHPIACE (Stote or foreign 7b CITIZEN OF WHAT, COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
"I Mile, ta. OSA WIDOWED & D VORCED Most garacieg Md
11 MAME OF HOSPITA. OR INSTITUTION (I not in hospital 120 USUAL OCCUPATION (Kind of work done during most fixor kind of work done during most fixor kind of work done during most fixor kind of work done librustry own home
30. USUAL RES. DENCE (Where deceasedved, if institut on, Residence before 13c. UMY OR TOWN 13d INSIGE UP M 15? 13e STREET AND NUMBER
admission) STATE Plat. 13b. COUNTY Montgoney Keasington YES IN NO Law Local De.
4 FATHER'S NAME PITS! MIDDLE LIGHT CHECKEN IS MOTHER'S MAIDEN NAME FITS MIDDLE MIDDLE LOST
160 WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Address Mid.
Yes, no, or unknown) [1945 give war or dates of service] 220-46-55/2 Marie Johnson 4000 Wexford Drive, Kensington
18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) APPROX MATE INTERVAL BETWEEN ONSET AND GEATH
PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (6) Thrombosis - St. Lemoral art. 10 days
DUE TO, OR AS A CONSEQUENCE OF
(conditions, if ony, which gove) (b) Deneralized anteriozalerasis 102/15.
stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
lost. (c)
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
₹ <u>↑ </u>
196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? YES NO CAUSES OF DEATH? 210 ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216 HOW INJURY OCCURRED. (Enter notions of injury in Port Los Port 2, Items 18.)
YES NO TO CAUSES OF DEATH.
(If either, notify medical examiner) P.M. 19
While Not while of work of work
22a certify that (1) (this haspital) attended the deseased from 7-15, 1965, to 11-18, 1968, that (1) (me) last
22a certify that (1) (this haspital) attended the deseased fram 7-15, 1965, to 11-18, 1968, that (1) (ma) last saw the deceased alive an 1968, and that in (my) (ma) apinian death accurred an the date and haur and fram the causes stated above, (1) (ma) (did) (did) (did) view the bady after death.
22c DATE SIGNED
1. J. Scraplack Mr. DEGREE PHYS DIRECTOR D STAFF DIL-18-68
22d. PHTSICIANS 22e ADDRESS
MAME Prope of Sengstack, M.D. 9241 Columbia Blud., Sil. Spr., Md.
30 BUR AL (REMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d. OCAT ON (City or Town) (County) (Stote)
Burial 11-20-1968 West Laurel Hill Cemetery Philadelphia, Penna.
A guneral Director C. Glen Carter ADDRESS Silver Spr. Allo RECD BY REGISTRAR S S GNATURE
Warner E. Pumphrey, Inc. 8434 Georgia Avenue Dine - 1 1968 June



- 1				MAKTLANI	STATE DEPARTMENT OF	HEALTH			
		16186	DIVISION OF VITAI	L RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MA	RYLAND 21201	10260	
_	_				ERTIFICATE OF DEATH				
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\$ 1\\$1338	L	ELSI	E	L.	OFFUTT		Month -3 Doy	- 68	
草之草	3. SE	Χ	4. RACE		S DATE OF BIRTH		6. AGE (in years	IF UNDER 1 YEAR	IF UNDER 24 HRS
s af	L	FEMALE	NEGRO		August 6	1887	last birthday) 81 YRS	MONTHS DAYS	HOURS MEN
in by the Page 2 hours	7o I	BIRTHPLACE (State or foreign intry)	76. CITIZEN OF WHAT COL	INTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF	DEATH		
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_ = a.÷	10 (ITY OR TOWN OF DEATH	11. NAME OF g ve street or		MTUTION (finot in hospital 12a US	JAL OCCUPAT ON	(Kind of work done	125 KIND OF	BUSINESS OR
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ecut	- COLINI	MD MD	W CHOWARD		CLARKSVILLE	NO 🔀	RT# 2 BOX	121	
exec emocany any	14	FATHER'S NAME First	Middle	Lost	15 MOTHER'S MAIDEN NAME	First	Middle		Lost
₹ _\o_:=	L	JAMES		TCHELL		DIA		BRO	IMN
mrate tysician val, and		WAS DECEASED EVER IN U.S. ARN es, no, or unknown) 1 (11 yes give w	NED FORCES? 16b. SC or or dates of service)	OCIAL SECURITY N			Address		
E 8					MR ERNEST O	FFUTT (S	ON) RT#2	BOX 121	
5 6 <u>4</u> 5 €		1B. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED	y ane couse per line for (o), (b), ond (c))	0	- 1	14	BETWEEN O	MATE INTERVAL INSET AND DEATH
attend attend permit. ian, ar r		MMEDIA	TE CAUSE (o)	leron	ascular acc	udu	of Which	19	
att per jan,		4-71	DUE TO, OR AS A CO	NSEQUENCE OF	retir Vieseu	, 11			
the the mating		Conditions, if any, which gave a rise to immediate cause (a), (Welse	rscle	role //asel	an K	cseas		
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AN: The law re all an artending to a steel has been for use as the Health prior to	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	,	YES NO	>	n. in Dark L or Dark 1	16 10.3	
al al car		TOR CONTRIBLTING CAUSE OF DEAT	H HOUR A.M. Mont	h Day Year	21c HOW INJURY OCCURRED (En	rer norure at inju	ry in Port I or Pari 2,	rem 16.)	
YSICIAN: aspital ar certificate thed far u	MEDICAL	(If either, notify medical examinated in the control of the contro	PLACE OF INJURY (AT HOME	19 F SADM STORET FACT	ORY.) 21f LOCATION Street or R.F.D. 1	la Ca	Y	Count	Chaha
rending PHYSICIAN: ned by the haspital or R: After this certificate uld be detached far the State Dept. of Hea		While T Not while T	OFFICE I	BUILDING, ETC	211 LOCATION Street of K.F.D. (io. Erry	or Town	Caunty	State
by the		or work or work	rd-newited - standad	the decores	d from A110 75 10	62 to	Opt 3110	68 that	(1) () 1-
After Day Street		saw the deceased a	ive an Oct.	31 1	d from Aug. 15 , 19 68, and that in (my) (aur) a	pinian death	accurred on the do	te and hour	and from th
O.R.:		causes stated above	, (I) (300名) (did) (diddxxx)	ओ) view the b	ady after death.				
OR ATTEND be retained DIRECTOR: A je 3 shauld ed with the		22b SIGNATURE	-011/1-	77-	MM ATTENDING	MED	STAFF 72c	DATE SIGNED	0
DIR DIR Ged		Mucon	w. wesa	erg	DEBREE PHYS.	DIRECTOR L	PHYS.	-6-6	0
TAI Pa		22d. PHYSICIAN S NAME (Type) Milton	D. Westberg	7.M. D.			ederick Av		
TO HOSPITAL OR ATTEND Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the S								0760	
HC age	230	REMOVAL (FORCE W)	1		EMETERY OR CREMATORY		ON (City or Town)	(County)	(Stote)
5-5-4	24	BURTAL FUNERAL DIRECTOR	11-7-68	HOPK]	NS CHAPEL CEM.	BY REGISTRAR	IGHLAND HI 2Sb REGISTRAR'S	OWARD	MD
VR A15 (4) 30M REV. 1768	24.		IOWDEN		LE. MARYLAND DATE N		1968 gelie	arlas Ja	det
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MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 6 2 () 16187 CERTIFICATE OF DEATH 1 DECEASED-NAME Middle Lost 2n. DATE OF DEATH 24 hours after death (Type or print) ANNE E. O'LAUGHLIN Nov. 3 SEX A RACE S. DATE OF BIRTH 6 AGE (in years IF L'HDER I YEAR last, birthday) Female Caucasian August 4, 1924 70 BIRTHPLACE (State or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED 9. COUNTY OF DEATH : Washington, D.C. USA WIDOWED [DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 LSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Suburban Hospital during most of working life, even if retired.) Home Bethesda burial, cremation, ar remayal, and in any event, 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIGE CITY DW 157 13e. STREET AND NUMBER Montgomery YES 😿 7504 Bybrook Lane Maryland Chevy Chase 14 FATHER'S NAME 15. MOTHER S MAIDEN NAME FIRST Lost Middle Lost requires that the death certificate be Curtis W. Handley Helen Emery 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Same as Address Yes, no, or unknown) 579-34-1268 Mr. James P. O'Laughlin (husband) #13 above. 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial transit p Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(6) has been director, page 3 shaud be detached for use as the should be filed with the State Dept. of Health prior ta 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES V NO [TT FUNERAL DIRECTOR: After this certificate irector, page 3 shau d be detached for us 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW IN.URY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Nat white at work 220. I certify that (1) (this hospital) attended the deceased from 1 - 3 - 1968, to 11/29 , 1968, that (1) (we) lost saw the deceased alive an 11/29 1968, and that in (my) (our) apinion death occurred on the date and hour and from the 4 may be retained couses stoted obove ((1)) (we) (did) (did not) view the body ofter deoth. 22b S GNATURE MAGREE 22c DATE SIGNED ATTENDING 11/30/68 DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 8218 Wisconsin Ave., Bethesda, Maryland Sidney J. Malawer, M. D. 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION. 23b DATE 23d 10CATION (City or Town) (County) (Stote) BINOVAL (Specify) Dec. 3, 1968 Gate of Heaven Cemetery Silver Spring, Maryland 24 FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc., Washington, D. C. DAT DEC 5 1968 Milwella



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1020. CERTIFICATE OF DEATH 1 DECEASED-NAMI Middle Last. 20. DATE OF DEATH First hours after death death (Type or print) Month funera hours after 3. SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF JNOER 24 HRS last birthday) MONTHS DAYS HOURS 9. COUNTY OF DEATH 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED country) 9 signed by the attending physician and campleTeTy Tillea is burial-transit permit. Then please remave carban papers burial, crematian, or remaval, and in any event, within 72 WIDOWED | DIVORCED [11. NAME OF HOSP TAL OR INSTITUTION (If not in hospitol 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 2b. K ND OF BUSINESS OR ife, even Afretired.) 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER Maryland 13b Montgomery Bethesda YES NO requires that the death certificate be execut 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECUR TY NO 17 INFORMANT Address Yes, no, or unknown) [[If yes give wor or dates of service] 220-38-3321 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) GETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove an a rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been mirector, page 3 shaula be detached far use as the shauld be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 20a. AHTOPSY? CAUSES OF DEATH? YES _ NO St 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INSURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) TENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year P.M (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, EACTORY,) 21f LOCATION Street or R.F.D. NO. Stote City or Town County While Nat while at work L at work Chang 22a. I certify that (1) (this hospital) ottended the deceased fram. 63, ta Nov 2 1965, and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on.... causes stated above, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 230 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial Rockville, Maryland Parklawn 11-11-68 Cemetery 25b REGISTRAR S SIGNATURE REC'D BY REGISTRAR Bethesda, VR A15 (4) Maryland 1968 30M REV 1/68





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		TOTON DIVISION	OF VITAL RECORDS, 30	DI W. PRESTON STREET, BALI	IMORE, MARYLAND 21201	16204
		16190 DIVISION		RTIFICATE OF DEATH	•	106184
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€ ,-2€		ECEASED NAME First	M ddle	Last	2a. DATE OF DEATH	2b. HOUR
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ב ב ב	3. S			C S TO ST SUDTU	1 100 //	IF UNDER 1 YEAR IF UNDER 24 HRS
fee fee	3, 3		عبد ا	S. DATE OF BIRTH		
th the same	15	eMAIR, WI	ite	9/4/84	last birthday) YRS.	2/2/
24 haurs after during by the function of the f	70.	BIRTHPLACE (State or foreign 7b CITIZEN	OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9 COUNTY OF PEATH Montgor	
역 등 활동			TT O A		Monegor	nery
thin 24 haurs after death.	<u> </u>	21019		WIDOWED DIVORCED		Md
ii e e e e e e e e e e e e e e e e e e	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT		AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
£ -3 8 \$	1	M4	give street oddress)	Nursing Home	iost of working life, even if prired)	126 KIND OF BUSINESS OR INDUSTRY None
-26-	130	USUAL RESIDENCE (Where deceased lived, if in		3c CITY OR TOWN 13d INSIDE CITY I		110116
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PHYSICI, he hospitc this certifi letached f se Dept. af		While Nat while at work				
ATTENDING PHYS retained by the hos ECTOR: After this ce is shauld be detache with the State Dept.	1	22a certify that (1) (this haspital)	attended the deceased	from 1960 19	to 11/27 196	, that (I) (we) last
\$ \$ \$ \$ \$ \$	1	22a. I certify that (I) (this haspital) saw the deceased alive an	11/2-6 19	ond that in (my) (our) on	inion death occurred on the date	and hour and from the
the the		causes stated abave, (I) (we) (dia) (did nat) view the ba	dv after death.	mon deam occarred on the dote	ond noor ond nam me
F = 5 = 4		22b SIGNATURE	-	1/2	22¢ DA	TE SIGNED
OR ATTENI be retained JIRECTOR: A e 3 should ed with the	1	110 31011111111111111111111111111111111	Com 1 . 122	ATTENDING ATTENDING	WED. STAFF	IL SIGNED
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E 6 8 5 4		NAME (Type) JOHN L	ELLET	TND 9400 CO	un-like . Keus	uglon M
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 shaulc	230	BURIAL CREMATION 23b. DATE	23c NAME OF CEA	METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	230	REMOVA (Specify) 11-30-6		0 11	S. S. P. F	ulton (Silver)
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1 1/	_		MARYLAND STATE DEPARTMENT OF HEALTH	
24	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	320 .
			16192 CERTIFICATE OF DEATH	~ 0
• =	_ ~ £		CCEASED-NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
death	death death	(1	Type or print) ANNA & G. PEARIMUTTER NOW 18 19	Yeor 1230 M
펄	₹ [∑] <u>ĕ</u>	3. SE	4 RACE 5 DATE OF BIRTH 6. AGE (In years I FUNDE)	
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e executed within 24 hours	s. Fou	7o E	BIRTHPLACE State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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Ē	重量 ,,,	10. 0		KIND OF BUSINESS OR USTRY
wij	₹ Š Ž Ž	1	DEFOESCH DUBURBAN	13111
bed	vent	130 odmi	USUA. RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d HISDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 12000 Old Grand	1 .10
. / 👼	OO NO N	10.7		Etower Kd.
	signed by the attending physician ond completely filled in by the burial-tronsit permit. Then pleose remove carbon popers. Popurial, cremation, or removal, and in any event, within 72 hours.	[4, 1	ATHER'S NAME First Middle GLOST IS. MOTHER'S MAIDEN NAME First Middle	Lost
	ose nd i	lán	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address	
requires that the death certificot	ysici ple o,	Y Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (If yes give was or dates of service) (Oll 20 2 79) (If yes give was or dates of service) (If yes give was or dates or d	
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t .	# is a		rse to immediate couse (a), (b) Tarary CTC Treus and Sportradie ous Portradients	
s th	년 라		storing the underlying cousel out to, or no new construction	
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The low requires th ottending physician.	2 d d	_	A A A COMMISSION OF THE SERVING DESIGN OF TH	
low ndir	s the	VIIO	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? [206. IF YES, WERE FINDINGS CONSIDER	ED IN CERTIFYING
The low ottendin	offer this certificate has been be detached for use as the State Dept. of Health prior to	CERTIFICATION	YES NO CAUSES OF DEATH?	
Ä ö	e off		21a ACCIDENT WAS UNDERLYING 121b TIME OF INJURY 121c HOW INJURY OCCURRED (Force nature of injury in Port 1 or Part 2, them 18:)
JING PHYSICIAN: by the hospital or	語品に	DICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor If either, notify medical examiner) P.M. 19	
IX I	che che	×	21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, EARM, STREET FACTORY.) 21f. IOCATION Street of R.F.D. No. City of Town	ty State
te le	a De		While Not while of work of work	
ING by 1	fter be o		220. I certify that (1) (this hospital) attended the deceased from 11/15 , 19.68, to 11/17 , 19.68	, that (!) (we) lost
QN Pe	he S		sow the deceased alive on	hour and from the
t tain	### ### ##############################	П	22c Date Signature	Wro.
OR ATTENDING	<u>~</u> ~ ~		Colliciant II CICLULUI PEGREE ATTENDING DIRECTOR DIRECTOR DIPHYS 11/	18/18
AL (1 D		22d PHYSICIANS 2	10/80
TO HOSPITAL OR ATTEND Page 4 may be retained	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to		NAME (Type) WILLIAM H. LICKSON 9/6 /914 5' N.W. W.	MSH DC
H 0	E train		BURIAL CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY Brookline, Mass. (Coun	ty) (Stote)
5 000	2 2 2	_		
	VR AIS (4-1)	24 	FUNERAL DIRECTOR 1331 ROOPENS 11e Pike 250 REG STRAR SIGNATU YSON Theeler F. H. ROCKWILL SON THE STRANGE ST	IRE
	45M 1/45	<u></u>	yson Meler r. n. Rockville, Laryland DAN 20 1500	-



12, 1	The second	13	Item? FilmGliC7 12/5/68 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR ST	TATE			6247
HEALTH	DEPI.	T	DECEASED NAME First Middle Lost 20. DATE KNOWN Month	Doy Yeor 2b. HOUR
3 to 3 to 3	RA)		Janion. Conficien reelleun. Death Mated 2 // 2	24 1968 11 AM
5 - 7		3	SEX 4 RACE 5 DATE OF BIRTH 6. AGE (in years in under the work of the under 24 MIS 2c DATE PRONOUNCED DEAD was burnbary) Months Days Mours Min Month Day	Year 2d HOUR
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ath age th fe	Stati	10.	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done)	Zb KIND OF BUSINESS OR
r de ve F	the /		1 SUPPLOSITE	NDUSTRY
within 24 hours after death appending to the Pages 1, Examiner of the along with farm	2 with the State death.	13	o US.AL RESIDENCE (Where deceased lived, if institution Residence before 13c. CTY OR TOWN 13d MSDE CITY LIMITS? 13e. STREET AND NUMBER Codmission) STATE M. A. 13b COUNTY Montgomer Chevilles YES XI NO [] 6/00 Conn Ave	chen Chest.
haur Item Office	Tand 2 ofter d	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Stanton Granford Paelle Julia.	P lost
ee. 5. 2.	pages	161	WAS DECEASED EVER IN U.S. ARMED FORCES? 1/66, SOCIAL SECURITY NO. 17, INFORMANT 5, 57-17 ADDRESS	cherch,
pe within	ile pa 72 hc	L	(Yes, no, or unknown) World War II 578-03-7387 Ellen Pealle Nol-DA GEN	
o c	insit permit. File event within 72		1B. CAUSE OF DEATH (Enter only one couse per fine for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
e execut pending ef Medico	permit.		IMMEDIATE CAUSE (a) Acute coronary thrombosis, left desc. branch	sudden
be executed "pending" an	nsit		Conditions, (fony, which gove) Advanced coronary arteriosclerosis	Years.
P P P P			rise to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF	
shot e w	buriol-transit I in ony ever		4ast. (c)	
certificate should writing the word irwarded ta the Ch	and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtific Anti-	od as	80	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is ce e, w forv	be used as	CERTIFICATION	WAS PERFORMED?	YES NO
INER: This certificate should be executed ecrtificate, writing the word "pending", should be forwarded to the Chief Medical files.	d to	MEDICAL CERT		
===	~ m 2	MED.		County State
EXAM ecute t Page 4	Page , crem		AT WORK AT WORK	
AL E	DIRECTOR:		22a. I certify that I took charge of the remains described abave, held an Autopsy X, Inspection X, Inquiry X,	
please el director	REC		death resulted from Naturol couses , Accident , Suicide , Homicide , Undetermined manner	
ag ag ag	RAL DIRE		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226, DATE SI 226, DATE SI	IGNED
Sary,	ERA 1		EXAMINER'S DEPUTY MEDICAL EXAMINER	25,1968
O DEPUTY DICA necessary, please e, the funeral director. S may be retained	O FUNERAL Health prior		NAME (Type) ADDRESS(Street, city, town, or county)	
o z t	2 =	23	Burial, CREMATION, 23b Date 23c NAME OF CEMETERY OR CREMATORY 23d 10CATION (City or Town) (Carport Town) 23d 10CATION (City or Town) (Carport	(County) (State)
		24	Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 250 RECD BY REGISTRAR 250 REGISTRAR 250 RECD BY RECD BY REGISTRAR 250 RECD BY REGISTRAR 250 RECD BY RECD BY REGISTRAR 250 RECD BY RECD BY REGISTRAR 250 RECD BY RECD BY REGISTRAR 250 RECD BY RE	GNATURE
	15MF (5) REV 1768	L	N.W. Wash. D.C. 20016 DATE NOV 2 9 1968 Clean	co judge



I		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	i i	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1620 5
HEALTH DEPT.	1, DEC	EASED NAME First Modle Lost 20 DATE KNOWN Month Do	y Yeor 2b HOJR
of ge	{Γγ	DE OF ESTI- DEATH MATED IN NEV.	2 1968 6 AM
deloy is and 3 to 113 Page	3 SEX	4 RACE 5 DATE OF BIRTH 6 AGE (n years F. ANDER YEAR IF LINDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
2, and PM3 PM3 epurtage	m	2/E VALUTE HUD 22 19/08 - YES 2 11	Year 1968 8 29 M
- C- 164	7a Bi	RTHPLACE (State or foreign 76 CITIZM OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
Pages 1.	m	RTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED S 9 COUNTY OF DEATH WIDOWED DIVORCED MONT GOMERY YOR JOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION Wind of work don't 12b	Mo
h. h.	_	nive street address) during most of working life even if returned \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	b KIND OF BUSINESS OR
eng the state of t	130 I	ISJA. RESIDENCE (Where accessed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	<u>p</u>
5 \$ 5	000 A	PSSON) STATE COUNTY CABIN JOHN YES KINO 4 WERB RO	74-1
Hice and 2	14 FA	THER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
of s of		MARK PRYTON MYRTA F	VOCK
pages land2 hours offer d		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
Exam File p	110	5 npg (Sunknawn) Lillus source war or dates of service) MARK PEYTON- FATHER	
ner medical examinationsit permit. File event within 72		18 CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c)) (T.C.D.) PART I. DEATH WAS CAUSED BY	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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should be forwarded to the Chief Medical Examiner's Office files. 3 should be used as o build-transit permit. File pages land 2 nation, ar removal, and in any event within 72 hours ofter a		Conditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF VIEWS: 9 m feeture	2 dams
Chie		rise to immediate cause (o), ((a)	Jary
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o bu	P	ART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
d be used as o b ar removal, ond	z	5272	
moval	CATIO	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
, Par 1	CERTIFICATION		YES NO
	AL G	210 TIME OF INJURY Month, Day, Year PR MARY OR CONTRIBUTING HOUR A.M. 210 TIME OF INJURY MONTH, Day, Year HOUR A.M.	18)
your files. age 3 shoul cremation,		CAUSE OF DEATH P.M. 19 I'd INJURY OCCURRED 21e. PLACE OF JULY (At hame, farm, street, 2)f. LOCATION Street or R.F.D. No. City or Town	County Store
Page		WHILE AT WORK AT WORK factory, affice building, etc.)	3,000
		220 I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X,	ond in my opinion
birector: Director: For to buriel,		deoth resulted from Noterol couses X, Accident , Suicide , Homicide , Undetermined monner	
to include the state of the sta		CHIEF MEDICAL EYAMINED	
= . 0		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220 DATE SIG	NED
moy be runeral		John G. Ball P. 36 Old Georg BENEFIX PRICE (IV. Inven or county)	2,1968
re tunerol 5 moy be 7 FUNERAL Heolth pri	50	Bethesda, Mary Tand 10 10 10 10 10 10 10 10 10 10 10 10 10	
the fune 5 moy b 70 FUNER Health	230 Bu	BUR AL, CREMATORY 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co. REMOVAL) Specify) L1/4/68 21on Bethesda, Montg.	ounty) (State) Md.
LH		UNERA, DIRECTOR ADDRESS ROCKVILLE ROCKVILLE REGISTRAR 256 REGISTRAR S G	
VR A15ME 131		Tyson Theeler Funeral Home Rockville, Md DATE NOV 6 1968 Clean	
Market Long		1100	×1 1

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		16195	DIAIZION OF					RE, MARYLAND 21201	1. 0.00	
		20200			ERTIFIC	CATE OF	DEATH		10201	ļ
£ /5%		ECEASED NAME First		Middle		Lost	20	DATE OF DEATH	V	2b HOUR
- E E	1	(ype or print)		VEE	1	PEYTON		Manth Do 11 -5	Y Year - 68	M
	3. 5	Х	4. RACE		,	S. DATE OF BIT	RTH	6. AGE (In years	IF LINDER I YEAR	IF UNDER 24 NRS.
s at the		MALE	I N	IEGRO		3-7-	-1917	last birthday) 51 YRS.	MONTHS DAYS	HOURS MAIN
y y y	70	BIRTHPLACE (State or Fareign	76 CITIZEN OF WHA		B. MARRIED	NEVER MARI		DUNTY OF DEATH		
in by ers. P	(00	ntry) N. CAROLINA	U.S.	Α.	WIDOWED		CED	MONTGOMERY		Md.
filled pape	10.	CITY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (If I	nat in hospital	120 USUAL OC	CUPATION (Kind of work done	12b KIND OF BI	
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the should be detached far use as the burial-transit permit. Then please candon papers. Page if the State Dept af Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after the state Dept at Health priar to burial, crematian, are removed to the state Dept at Health priar to burial, crematian, are removed to the state Dept at Health priar to burial.		SENECA	give st	VIOLETS	LOCK I		during most a	f working life, even if retired)	INDUSTRY	
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over 6	odm	ission) STATE MD	13b COUNTY	MONTG.	SEN	ECA	YES NO	VIOLETC L	OCK DD	
\$ 200 E	14	FATHER'S NAME First	Middle	Lost			AIDEN NAME First	VIOLETS LI	JUK, KII	Last
	1			2007		3. HOTHER S MA	ADEN IMME 1455			0031
2 5 5	160	. WAS DECEASED EVER IN U.S. ARI	NKNOWN MED FORCES?	165 SOCIAL SECURITY I	NO 117	INFORMANT		INKNOWN Address		
physician physician persen please noval, and i	1.00	'es, no, ar unknown) (If yes give	rar ar dates of service)					14901217		
equires that the death certificate be exactly physician. Signed by the attending physician and coburial-transit permit. Then please care burial, crematian, ar removal, and in any	F			7 1 2 0 2 1 1 2 2					APPROXIMA	TE INTERVAL
he death cel aftending p permit. The		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly ane cause per ∺ne DBY.	for (a), (b), and (c)	(11. 0	cular	Accident	BETWEEN ONS	ET AND DEATH
he death affendir permit. ian, ar re		1121 - IMMEDI	ATE CAUSE (o)	00100	FAI	VAJ	COTAL	1/55/5666		
at at at at a at a at a at a at a at a		Conditions, if ony, which gove		A CONSEQUENCE OF	1	_				
the the sit the material	П	rise to immediate cause (a),	(b)	# 1	tensi	0				
s that fl cion. d by the -transit	П	stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF						
ysici ned ial-		last.	(c)							
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ing ing	동	33/X								
s be	CERTIFICATION	190, DATE OF OPERATION 195	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20a. AUTO		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CER	TIFYING
at a se th	1					YES [NO 🔲	CAUSES OF DEATHE		
ar of eal		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		INJURY Manth Day Year	21c F	IOW INJURY OCC	URRED (Enter nat	ere of injury in Part 1 or Part 2,	Item 18.)	
a figure a f	DICAL	(If either, notify medical exami	ner) P.M.	Main: Day 18ai						
HXSI che che	MEDI	21d. MJURY OCCURRED 21e	PLACE OF INJURY	AT NOME, FARM, STREET FAC OFFICE BUILDING, ETC.	TORY) 21f L	OCATION Street	tarRFD No.	City or Town	County	State
ING PHYSICIA by the haspital ffer this certificate be detached fa State Dept af H		While Not while at wark at work				- /				
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A Par		sow the deceased o	live on C	ct (0)	9 2 ar	nd thof in (m	y) (our) opinioi	n deoth occurred on the d	ote ond hour a	nd from the
OR STATE		causes stated abov	e, (1) (we) (ala) (did not) view the	body atter	degin.		Lan	DARF CIDION	
OR ATTEND be retained DIRECTOR: A le 3 should ed with the §	Н	225 SIGNATURE	-	0 4 4		ATTENDIN	IG MED DIRECT	STAFF -	DATE SIGNED	
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Par		22d. PHYSICIAN'S NAME (Type) 1 110	IANO I. L	EN		22e ADDI ME	EDICAL CE	ENTER, GAITHERS	BURG. ME	
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			40400	DIVE	SION OF V	/ITAL RECORDS,				MORE, MA	RYLAND 21201			
			16196				CERTIF	ICATE OF	DEATH			102	2 _ ()	
	£ _ 2 £			irst		Middle		Lost		2o. DATE OF				2b. HOUR
	death.	[]	ype or print)	HAZEI	. (GRACE		PIELST	ICK		11Month 2	They Ye	98	8:45M
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	icate be psician a please II, and in		WAS DECEASED EVER IN U.S.	ARMED FOR		16b. SOCIAL SECURITY		7. INFORMANT			Address			
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	ing ing sen sen she t ta	3	4201	Z- //	6"	eseu	-	^						
	optending attending has been se as the h prior to	3	190. DATE OF OPERATION	19b. CONDIT	ON FOR WHIC	CH OPERATION WAS P	ERFORMED	20a. AUT			YES, WERE FINDING OF DEATH?	GS CONSIDERED) IN CER	TIFYING
		CERTIFICAT ON						YES						
	recions. The pital are pital are defensive of Health	٦	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	LYING 2	TOUR A.M.	Month Day Year		HOW INJURY OC	CURRED (Enter	nature of inju	ry in Port 1 or Port	t 2, Item IB.)		
	Statistics of	30	(If either, notify medical ex	ominer)	P.M.	,	9							
	by the haspital at a free this certificate he be detached for use State Dept. of Health	≥	21d INDURY OCCURRED While Not while	21e. PLACE (OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	21f	LOCATION Stre	et or R.F.D. No	City	or Town	County		Stote
	te de f	L	While Not while of work	4.1 * 1	71 13 41	1 ()	11		10.5	7 1-	11 2 1	10/	41	(1) () (
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	Poge direct	230.	BURIAL, CREMATION, 2 PEMOVAL (Specify)/	3b DATE	2. 10			OR CREMATORY			ON (City or Town)	(County	1)	(Store)
	2 2 2	21		Not :	50,176	ADDRESS			2So. REC'D BY	DECICIOAD	25b REGISTR	ADT CICHATUR		16.50
	30M REV 12/4	10	FUNERAL DIRECTOR	2.1 2	Z' CAN	rad Avelis	lalan	7410	DATE DE			The signatur		1.0

MARYLAND STATE DEPARTMENT OF HEALTH



- 1	Tt.	ems 15&2	22a Fil	m 407	7 MARY AL RECOR	LAND S DS, 301	TATE DEP W. PRESTO	ARTMENI N STREET,	T OF H , Balti <i>i</i>	IEALTH NORE, M.	ARYLANI	21201			
FOR STATE		1019	and .				NER'S							1021	र्व
HEALTH DEPT.		ECEASED NAME Type or Print)	E ARI		ELTO	M-ddl		rts	Last			DATE KNOW OF ESTI- DEATH MATEL	= No		\$ 8:30F
ny deloy is 2, and 3 to PM3 Page	3 5	Male	RACE white		OF BIRTH -30-19		6 AGE (In yours last to my day)	MONTHS	DAYS DAYS	F JNDER 24 HOURS		DATE PRONOL		Year 19	8 2d HOU
And the state of t		BIRTHPLACE (State		76 CITIZEN Ame	OF WHAT CO	UNTRY?	8. M	ARRIED NE		ED T	9. COUNTY	of DEATH	mery		
hours ofter death tem 18. Give Pages Office along with far land 2 with the State after death	10	Takoma					OR INSTITUTION			12o. USU	JAL OCCUPA n gsyoégr oi	TION (Kind o	of work done en if retired)	26 KIND OF	F BUSINESS OR
s ofter 18. Give along with the deoth	130	USUAL RES DENCE	(Where deceo	sed lyéd, if	institution NTGeo	Residence I	perare 13c CIT	or town	- 1	INSIDE CITY LIMI YES OF NO	1	STREET AND	NJMBER 5th Pl	#202	
thours (tem) Office 1 and 2 after (=	FATHER'S NAME Rich	Fifsf	itts	Middle		LOST			N NAME Mard			Middle	-	Lost
oenal nominer's poges poges 2 hours		WAS DECEASED EVER	R IN U.S. ARMED			SOCIAL SECU	RITY NO.	17 INFORMAN HO		ecord	l	Al	ODRESS		
ECAL EXAMINER: This certificate should be executed within 24 hours offer death execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, for Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm ed for your files. CTOR: Page 3 should be used as a burial trans t permut. File pages land 2 with the State Deburial, cremotion, ar removal, and in any event within 72 hours after death		1B. CAUSE OF E	DEATH (Enter on ATH WAS CAUSE	ATE CAUSE (c)	NO W U C	upper	resp	irat	ory	hemoi	rrhage	}	APPRO) BETWEEN	KIMATE INTERVAL ONSET AND DEATH
should be executed he word "pending" is to the Chief Medicol burial trans t permit.		Candions if on	ite couse (a)) (t	TO, OR AS A TO, OR AS A	sec	ondary	to f	atty	y met	amor	hosis	of		
e shou the wo to the burial		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF IIIVET. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)													
ing the ded to os a food	_	55//	GRIFICARE COND	IIIONS CON			c ethy		MINAL DISI	EASE OR COI	MUITION GI	VEN IN PAKI	ι(α)		
VER: This certifica certificate, writing hould be forwarder iles. should be used os ation, ar removal, o	MEDICAL CERTIFICATION	190 DATE OF OPI	ERATION		195		FOR WHICH OF								TOPSY?
iER: The certification of the	DICAL CER	21a EXTERNAL CA PRIMARY OR CAUSE OF DEATH	CONTRIBUTING [21b. TI	IME OF NUR OUR A.M P.M.	Y Month, Do	γ, Yeor 19	21c HOW INJ	IURY OCCU	JRRED (Ente	r nature of	injury in Por	t 1 or Port 2,	Item 1B)	
	ME	21d INJURY OCCU		PLACE OF IN ctory, office	RY (At han building, etc.	ne, farm, st)	reet	21f LOCATION	Street or	R F D. Na		City or Town	1	County	State
CAL E) execution Paged for y		220 l c	ertify that it				cribed above	e, held an Suicide		sy (tion ,	Inquiry		in my opinia
please of direct retains		ACTUAL SIGNATURE	Let	d'en	1		En	6	CHIEF	MEDICAL EX	KAMINER			E SIGNED	
TO DEPUTY necessory, the funerol 5 may be TO FUNERAL Heolth pri		EXAMINER'S NAME (Type)	BELD	EN	R	KE	AB 1	1.0.	DEPLJ ADOR	Y MEDICAL	EXAMINER	X	Vov.	4,1	968
5		BUR AL, CREMATION SEMPLEMENTS	⁽⁾ 1	DATE . 1.6.	68	Ft	E OF PEMETER Linco	or cremat	emet	ery	23d LOC	ation (City o lmar		(County) Mary	(Stote)
VR A15MEN(S	3	FUNERAL DIRECTOR	1251	F-UI	HERA F	UAS.	ADDRESS -	K.D.	. ()	OATE NO	V REGISTR	AR 258	REGISTRAR:	SIGNATURE	edal

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MARYLAND STATE DEPARTMENT OF HEALTH DÍVISIÓN OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10314 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or Print) HEALTH DEPT. First 20. DATE KNOWN[7] Month NO15 DEATH MATED A 3. SEX S. DATE OF BIRTH 2d HOUR 1-3-09 MALG land 2 with the State Depa 70 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER tem 18. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Posey 165 SOCIAL SECURITY NO. (Yes 170 or unknown) 216-10-1647 event within 72 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) permit. certificate shauld be executed ie certificate, writing the word "pending" i should be forworded to the Chief Medical PART I DEATH WAS CAUSED BY NMM(DIATE CAUSE (o) Myocardial infarction, recent, left myocardium Suddler. DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove Occlusion of left coronary artery rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Coronary arteriosclerosis, marked PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(0) cremation, or removal, 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION 20. AUTOPSY? CERTIFICAT (WAS PERFORMED? the certificate. YES KT NO F 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 2 d. INJJRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) 22a I certify that I took charge of the remains described above, held an Autapsy X Inspection Inquiry A and in my opinion Natural causes A. Accident Suicide , Homicide death resulted from Undetermined monner **SIGNATURE** GOOP COPPLY MEDICAL EXAMINER **EXAMINER'S** Bethes la, Maril ADDRESS(Street, city, town, or county) NAME (Type) 230 BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) P. REMOVAL (Specify) Gaither bur , Menty. Forest Oak 24 FUNERAL DIRECTOR 250. REC D BY REG STRAR 1331 Rockville Il'ie. VR A15ME (5) 10M REV, 1/68



gt. J



1 :	1			AND STATE DEPARTMENT OF		
×	1	18203	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BA		4 . 0 4
()	1	20 74 0 4		CERTIFICATE OF DEATI	H	1621
7: "4"		ECEASED-NAME First	Middle	Last	20. DATE OF DEATH	2b HOUR
24 hours after death die by the funeral personal and 2 hour after death		Type or print) NoR	a E	Pont	Manth	Poy Year at
fund fund er d	3. 5		4 RACE	PRATT	NOV 6	1968 / M "
offee of the f	1 ".		1 1 1	S DATE OF BIRTH	6 AGE (in years test birthdgy)	IF JNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
E TEN	<u> </u>	Female	white	12-8-	1901 66 YR	
→ § (→)		BIRTHPLACE (State or fare gn	75. CITIZEN OF WHAT COUNTRY?	8. MARRIED [7] NEVER MARRIED [X	9 COUNTY OF DEATH	
Z G E	1	PENNA.	11.5 A	WIDOWED DIVORCED	MONTGOMER	MA MA
	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 12a U	SUAL OCCUPATION (Kord of work don	12b KIND OF BUSINESS OR
within roam programmer fills		Kensington.	give street oddress)	during	smost of work no life, even if retired	
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s execution community comm	14	Md.	10101-9271-0	TY STIVER SPING	10403 1)by	AI NOAU.
nnd rem	14	FATHER'S NAME FIRST	Middle C Lost	15 MOTHER & MAIDEN NAM	E First Middle	Last
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icid	160	WAS DECEASED EVER IN U.S. ARA	NED FORCES? 16b SOC AL SECURI	Y NO 17 INFORMANT	1 (Course) Address	a See Sarra
fific hys val,		(es, no of Juknowu) (yes give w	577-03	185A Mr. Louis C	· Nurst (040)	3 Rouell'd
G P P		IR CAUSE OF DEATH (Enter on	y one cause per line for (a) (b), and		^	APPROX MATE SITERVAL
he death cer attending p permit. The		PART E DEATH WAS CAUSED	BY	dea Con	2014	BETWEEN ONSET AND DEATH
dec ten mi'i		LL LL C + IMMEDIA	TE CAUSE (a)	rece or	Lead	10 Munich
pe pe		1 ' ' '	DUE TO, OR AS A CONSEQUENCE	OF () ()		1.
t the string of		Canditions, if any, which gave anse to immediate couse (a),	(b)		More de la constante de la con	my lorges,
the free free free free free free free fr	1	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF.		
sici sici al-t	1	lost.	(c)			
Phy Figure Figur		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED/TO THE TERMINAL DISPOSE (DECONDINON GIVEN IN PART 1(1)	10 -A
PHYSICIAN: The law requires that the death certificate be executed e haspital ar attending physician. his certificate has been signed by the attending physician and complestathed for use as the burial-transit permit. Then please remove to Dept. at Health priar to burial, crematian, ar remayal, and in any event	12	4	esoplea	grad other	uater (my Tors	enc yand / 4/1.
ndin her s	NO IN	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 200 AUTOPSY?	20b JE YES WERE FANDINGS	CONSIDERED IN CERTIFYING
atte o gr	CERTIFICAT		, , , , , , , , , , , , , , , , , , ,	YES MO	CALISES OF DEATHS	Total In Edition 140
tell tell	E E	21a, ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	, –	nter nature of injury in Part 1 or Part 1	1 14- 10)
fical for the first the fi	₹	OR CONTR BUTING CAUSE OF DEATH	HOUR A.M Month Doy Ye	or	mer name or allory it Part I at Part ;	r, Irem 18.)
Spiral sp	MEDICAL	(If either, natify medical examinated 11 injury OCCURRED 21e		19		
PHY PA PER	1~	While hat while	PLACE OF INJURY (AT HOME, FARM STREET	FACTORY.) 21f. LOCATION Street or R.F.D.	Na City or Town	County State
the det	1	al walk at walk		1010		
ffer be stall	1	22a. I certify that (I) (thi	s haspital) attended the deced	ised from 7 (a), 19	, ta//6, i	900, that (1) (was last
ed ed he s	1	saw the deceased a	ive on //- 0	and that in (my) (our)	p'nian death accurred on the c	late and have and from the
TI de din din di		causes stated above	(1) (we) [did) (did not) view th	e bady after death.		
Will Will		285 SIGNATURE	78	ATTENDING ATTENDING	MED STAFF (22)	DATE SIGNED
De pe	ш	genu	1 Durne	HYS.	DIRECTOR PHYS	1-6-64
AL AL POG		22d. PHYSIC ANS - TUN	Irc T RUPL	S 120 MORES 5	8 10 0	1 1
SPI 4 m Ver, id b	L	· · · · · · · · · · · · · · · · · · ·	S. 1. DUKN	7 1992	Chr 81., 0	J. W.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exected a may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confirector, page 3 should be detached for use as the burial-transit permit. Then please remosthauld be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any	230	BUR AL, CREMATION 23b C	TATE 23C NAME (F CEMETERY OR CREMATORY	23d 16CAT ON (City or Town)	(Caunty) (State)
5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5° 5		BUXPAL //	-7-1768 Con	rgressional Ce	n /900 la	Whoh DC
	24	FUNERAL DIRECTOR	ADDRE		BY REGISTRAR 2Sb REGISTRAR	S S GNATURE
VR A15 (4) 45M - 1/69	1	v.W. Crambers	e selve	DATE NI	OV 8 1968 Reci	arles Judge



MAKYLANU STATE DEPAKIMENT OF HEALTH





1	maryland State department of Health Division of Vital records, 301 W. Preston Street, Baltimore, Maryland 21201 1622() CERTIFICATE OF DEATH
82	DECEASED-NAME First Middle Lost 20 DATE OF DEATH 226 HOUR
offer death.	(Type or print) Ina Josephine Pritchard Nov Month 16 Day 1978 400 A.M.
3	SEX 4 RACE S DATE OF BIRTH 6 AGE (IN MODER 1 YEAR IF UNDER 24 MRS.
	Fumale Caus. 12/31/1899 lost byrthday) MONTHS OAYS HOURS M.H.
7	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED 9. COUNTY OF DEATH
	orcenville, Tenr. USA WIDOWED DIVORCED Montgomery Md.
	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) Lineaton 120. USUAL OCCUPATION (Kind of work done during most of working life, even if refired) 12b. KIND OF BUSINESS OR INDUSTRY Lineaton 17c. USUAL OCCUPATION (Kind of work done during most of working life, even if refired) 17c. USUAL OCCUPATION (Kind of work done during most of working life, even if refired) 17c. USUAL OCCUPATION (Kind of work done during most of working life, even if refired)
17	D JSUAL RESIDENCE (Where deceased lived, if institution, Residence before list CITY OR TOWN 134 JASDE CITY LIM 157 136 STREET AND NUMBER 13b. COUNTY Washington YES NO 2311 33rd Street, S.E.
	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
L	George J. Click Ellen Jaynes
	o WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) In yes give word dotes of service) 16b. SOCIAL SECURITY NO 17. INFORMANT Address 277-10-1904- Albert L.Pritchard.2311.33rd st S E
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF conditions, if dny, which gove rise to immediate cause (a), stoting the underlying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
×,	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? Yes NO CAUSES OF DEATH?
	GIF either, notify medical exominer) HOUR A.M. Month Day Yeor P.M. 19
	While Not while of work of work
	22a. I certify that (I) (this hospital) ottended the deceased from 9-12-19-19-19, to 19-14-19-20, that (I) (we) last saw the deceased alive an
	226 SIGNATURE FOR CHONON MADEGREE ATTENDING DIRECTOR DISTAFF 1/1/16/68
	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS
2	BURAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Spec by) 11.19.68 Cedar Hill Cemetery Suitland Marvland
3/2	Lee Funeral Home. 300. 4th st N E Wash. 250. RECD BY REGISTRAR 256 REGISTRAR 5 SIGNATURE



MAKTLANU STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16207 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First ond 2 deoth. 20. DATE OF DEATH 2b. HOUR funeral 1 ond (Type or print) Month MARL ages I 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. last birthday) MONTHS | DAYS Cauc mar 6 YRS. in by 7o. BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED and tompletely filled in remaya carbon papers WIDOWED X DIVORCED [Montgomera 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize. USUAL OCCUPATION (Kind of work done give street address) A 1 thea word lond Wars, during most of working life, even if retired.) signed by the ottending physicion and tomplytely fille buriol-tronsit permit. Then please remaye-carbon pa burial, cremation, or remaval, and in any event, within 10. CITY OR TOWN OF DEATH 72b. KIND OF BUSINESS OR own home 1000 Dalevinu) 13a. USUAL RESIDENCE Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE COUNTY YES 💍 NO Washington N.CU. 2000 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost 68 requires that the death certificate be BROWN 16b. SOCIAL SECURITY NO 17. INFORMANT Address 1000 Da leview & (If yes give war or dates of service) Yes, no, or unknown) no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or ottending physicion. stating the underlying couse last. 4500 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to l 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗌 TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work of wark 22a. I certify that (1) (this hospital) attended the deceased fram 1962, 1964, to Nov. 18. 1968, that (1) Mare 16 19 68 and that in (my) (our opinion death occurred on the date and hour and from the sow the deceased alive an____ couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR . DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 1780 Bertram F. Schaefer 23d. LOCATION (City or Town) 230. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burial/remova Park Lawn Evansville, Indiana WisconsonesAv., NW 24. FUNERAL DIRECTOR 25a. REGIDLEY REGISTRAR S 6 25b. REGISTRAR'S SIGNATURE VR A15 (4) Jos/Gawler's Sons Wash. D.C. 30M REV, 1/68 DATE

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FOR STATE		16208			RESTON STREET, BAL R'S CERTIFICATE		AND ZIZUI	16222
HEALTH DEPT.	I DE	CEASED-NAME First	MEDICA	Middle	Lost	OF DEATH	D- DATE VEGUINO N	D. V. let DOUB
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T		USUAL RESIDENCE (Where deceoses	d lived, if instituti	ion: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
	99	arylana	Prince	George's	Adelphi	AEZ KKNO 🗆	1607 Keokee	Street
haurs Office 1 and 2	14. F	THER'S NAME First	Middle	Last	15. MOTHER'S MA		Middle	Lost
		Herbert	G.	Putna		Pear		Hardisty
thin 24 shines a pages 2 hours	160. V	VAS DECEASED EVER IN U.S. ARMED FO es, na, ar unknown) (If yes give wo	1	16b. SOCIAL SECURITY NO		00 75 1	ADDRESS	
2 0 0 0	1/	0		578 44 76	W11610	U7 Keokee	Street, Adely	ohi, Mary Land
2 = E		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per lim	They (a), (b), and (c))	10 83	An a	()	BETWEEN OWSET AND DEATH
executed nding" is Medical permit.		PART I. DEATH WAS CAUSED IMMEDIATI		MILKE	nee you	ceme	mourie	7
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rd b Chii Chii Tran	П	rise to immediate couse (a),	(b)	AS, A CONSEQUENCE OF	recorder	- ren	cornags	2
MINER: This certificate shauld be executed the certificate, writing the ward "pending" in a shauld be farwarded to the Chief Medical But files. The shauld be used as a burial-transit permit. It is a shauld be used as a burial-transit within the standard on the standard in the standard		stoting the underlying cause state.	(1) de	wete a	ento acc	edent	- /	
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This icate, be for a fee to a	CERTI	21o. EXTERNAL CAUSE WAS	216. TIME OF IN	VJURY Manth, Day, Year	21c. HOW INJURY O	CCURRED (Enter notifi	he of injury in Part 1 ps Part 2	YES NO
NER: T certifica hauld b iles. shauld shauld stian, ar	MEDICAL	PRIMARY OR CONTRIBUTING	SOUR A.M			sed de	wer of Ce	nowhich
INER shau shau files. 3 sha natian	MED	21d. INJURY OCCURRED 21e. PL	ACE OF INJURY (AT	hame, farm, street,	21f. LOCATION Street	or R.F.D. No.	City or Town	County State
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CAL EXA execute for. Page ad for you CTOR: Pag buriol, cre		22a. I certify that I too	ok charge of the	e remains describe	d above, held an Auto	apsy 🔲, 🛮 Ins	pection (Inquiry)	and in my opinion
blease execution of the control of t		death resulted from:	Notural cause	s Aecidept	Suicide	Homicide	Undetermined manne	r 🔲
please direct retaine DIREC		ACTUAL 1901	1)	/////	A CH	IEF MEDICAL EXAMINE		
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VR A15ME (5)	24	Kong Tunnel Hony.	Oballos	274 Carr		250 REC'D BY REG	1 9 1968 FEGISTRAR	S SIGNATURE
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